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## Patient's Name

### Controlled Substance Questionnaire

YES NO N/A

N/A means not applicable.

Have you ever used a controlled substance in a way other than prescribed?	_____	_____	_____
Have you ever diverted a controlled substance to another person?	_____	_____	_____
Have you ever taken a controlled substance that did not have the desired effect?	_____	_____	_____
Are you currently using any drugs, including alcohol or marijuana?	_____	_____	_____
Are you using any drugs that may negatively interact with a controlled substance?	_____	_____	_____
Are you using any drugs that were not prescribed by a practitioner that is treating you?	_____	_____	_____
Have you ever attempted to obtain an early refill of a controlled substance?	_____	_____	_____
Have you ever made a claim that a controlled substance was lost or stolen?	_____	_____	_____
Have you ever been questioned about your pharmacy report or PMP report?	_____	_____	_____
Have you ever had blood or urine tests that indicate inappropriate usage of meds?	_____	_____	_____
Have you ever been accused of inappropriate behavior or intoxication?	_____	_____	_____
Have you ever increased the dose or frequency of meds without telling your provider?	_____	_____	_____
Have you ever had difficulty with stopping the use of a controlled substance?	_____	_____	_____
Have you ever demanded to be prescribed a controlled substance?	_____	_____	_____
Have you ever refused to cooperate with any medical testing or examinations?	_____	_____	_____
Have you ever had a history of substance abuse of any kind?	_____	_____	_____
Has there been any change in your health that might affect your medications?	_____	_____	_____
Have you misused or become addicted to a drug, or failed to comply with instructions?	_____	_____	_____
Are there any other factors that your practitioner should consider before prescribing?	_____	_____	_____

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date