



**Victory Physicians Family Medicine
Initial Controlled Substance Screening**

	YES	NO
1) Are you an addict?	_____	_____
2) Are you an alcoholic?	_____	_____
3) Are you psychologically or physically addicted to drugs or alcohol now?	_____	_____
4) Have you ever been psychologically or physically addicted to drugs or alcohol in the past?	_____	_____
5) Do you have an addictive personality?	_____	_____
6) Do you take controlled substances for fun?	_____	_____
7) Have you ever hurt yourself or anyone else while taking controlled substances?	_____	_____
8) Do you drive or operate heavy machinery or make decisions that require sound judgement while under the influence of controlled substances?	_____	_____
9) Do you ever shoot, demonstrate, archive, or clean your guns under the influence of controlled substances?	_____	_____
10) Are you in drug or alcohol rehab now?	_____	_____
11) Have you ever been in drug or alcohol rehab in the past?	_____	_____
12) Do you have any drug or alcohol related misdemeanors on your criminal record?	_____	_____
13) Do you have any drug or alcohol related felonies on your criminal record?	_____	_____
14) Do you have any DUIs or drug/alcohol related wreckless driving convictions on your criminal record?	_____	_____
15) Have you ever been held 5150 in the ER or psych ward?	_____	_____
16) Have you ever overdosed?	_____	_____
17) Do you mix pills and alcohol?	_____	_____
18) Have you ever tried to kill yourself? If so, how?	_____	_____
19) Are you suicidal or homicidal now?	_____	_____
20) Are you lying to our physicians about any of the previous questions?	_____	_____
21) Are you sure you have read and understand all of the previous questions and answered all of them honestly and completely to the best of your abilities?	_____	_____

Patient Name

Patient Signature

Date

Witness Name

Witness Signature

Date