



Victory Physicians Family Medicine Ongoing Controlled Substance Screening

	YES	NO
1) Are you depressed or suicidal or homicidal now?	_____	_____
2) Do you have any new psychiatric diagnoses since you were last seen?	_____	_____
3) Are you afraid you can't be trusted to manage your medications by yourself since your last visit or now?	_____	_____
4) Have you been found guilty of committing a crime since you were last seen?	_____	_____
5) Are you in or gotten out of drug or alcohol rehab since your last visit?	_____	_____
6) Were you jailed or incarcerated since your last visit?	_____	_____
7) Did you hurt yourself or anyone else while taking alcohol or controlled substances since last visit?	_____	_____
8) Did you drive/operate heavy machinery/make decisions that required sound judgment while under the influence of alcohol or controlled substances since your last visit?	_____	_____
9) Did you shoot, demonstrate, archive, or clean your guns under the influence of alcohol or controlled substances since your last visit?	_____	_____
10) Have you been held 5150 in the ER or psych ward since your last visit?	_____	_____
11) Have you overdosed since your last visit?	_____	_____
12) Have you mixed pills and alcohol since your last visit?	_____	_____
13) Have you tried to kill yourself since your last visit?	_____	_____
14) Have you sold or shared any of your pills since your last visit?	_____	_____
15) Have you used any street drugs since your last visit?	_____	_____
16) Have you received controlled substances from any other source than us since your last visit?	_____	_____
17) Were any of your pills stolen or lost since your last visit?	_____	_____
18) Did you have any bad effects from pills prescribed to you since your last visit?	_____	_____
19) Are friends or family concerned about your behavior since your last visit?	_____	_____
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