## SUBSTANCE SURVEY FORM

ne				Date_		
Please list any	PRESCRIPTION	N MEDICATION	you are currently taking or	have taken	in the last <b>2</b> ye	
Medication	۱ [	Daily Dosage	Diagnosis or Symptom		ates of Use	
				From	То	
				From	То	
				From	То	
				From	То	
				From	То	
				From	То	
Plagsa list any C	VED THE COIL	NTED MEDICATION	<b>ONS</b> you are currently taking	or have take	n in the last 2 v	
Medication		Daily Dosage	Diagnosis or Symptom		Dates of Use	
Wedicalion		Jany Booago	Diagnosis of symptom	From	To	
				From	То	
				FIOLLI	10	
				From	То	
Please list any <b>V</b>	ITAMINS, SUPP	LEMENTS, OR HE	ERBS you are currently taking	From	То	
Please list any <b>V</b> Product		<b>LEMENTS, OR HE</b> Daily Dosage	ERBS you are currently taking Diagnosis or Symptom	From  or have take	То	
				From  or have take	To n in the last <b>2</b> y	
				or have take	To In in the last <b>2</b> yates of Use	
				or have take  Do  From	To In in the last <b>2</b> yates of Use To	
				or have take  Do  From  From	To In in the last <b>2</b> yates of Use To To	
				or have take Do From From From	To  In in the last <b>2</b> y ates of Use  To  To	
				or have take Do From From From From	To  In in the last <b>2</b> yeartes of Use  To  To  To  To	
				From  Or have take  Drom  From  From  From  From  From  From	To  In in the last 2 yeartes of Use  To  To  To  To  To	
				From  Or have take  Drom  From  From  From  From  From  From  From  From  From	To  In in the last 2 yeates of Use  To  To  To  To  To  To  To	
Product		Daily Dosage	Diagnosis or Symptom	From  Or have take  Drom  From	To  In in the last 2 years of Use  To  To  To  To  To  To  To  To  To  T	
Product	owing item	Daily Dosage		From  Or have take  Drom  From	To  In in the last 2 years of Use  To  To  To  To  To  To  To  To  To  T	
Product  Product		ns which ap	ply to you and indic	From  Or have take  From  From	To  In in the last 2 years of Use  To  To  To  To  To  To  To  To  To  T	