NORTHLAND PSYCHIATRY

Please complete this form before you see your doctor to help us to get more done during your initial appointment.

PSYCHIATRIC MEDICATION HISTORY

Medication	Prescribed by	Start date	Stop date	Max dose	Dose now	This dose since	Taken daily?	How did it work?	Any side effects?	Other comments

SUBSTANCE USE HISTORY

Substance	Age at first use	Use in the last year	Period of heaviest use - timeframe, amount	Ever had problems as a consequence of use?	Views about current use
Cigarettes					
Alcohol					
Marijuana					
Methamphetamine					
Hallucinogenics (LSD, mushrooms)					
Opioids					
Inhalants					
Other					