

**SUMMARY OF CHEMICAL USE (Circle those used):**

<b>Drug Name</b>	<b>Year/Age of First Usage</b>	<b>Date of Last Usage</b>	<b>Pattern of Use: Frequency/Amount Indicate if Prescription</b>	<b>Route (Oral, Smoke, Inhale, IV)</b>
<b>Alcohol</b>				
<b>White Rush</b>				
<b>Amphetamine:</b> Ritalin, Adderall, Speed, White Cross, Crystal Meth, Benzedrine				
<b>Cocaine</b> Crack, Snow				
<b>Cannabis</b> Pot, Hash, THC, Sinsemilla				
<b>Opiates:</b> Altram, Oxycontin, Anexia, Heroin, Methadone, Morphine, Codine, Opium, Meperidine, Tylenol #3, Tylox, Dilaudid, Percodan				
<b>Sedative Hypnotic:</b> Ambien, Barbiturates, Downers, Reds, Quaaludes, Sopers Benzodiazepines: Xanax, Librium, Tranxene, Valium, Paxipam, Ativan, Serax, Centrax, Klonopin				
<b>Other Prescribed Medications:</b> Sleeping Pills, Pain Medication, Anti-Depressants				
<b>Hallucinogens “dex” “dxm”:</b> LSD, Mescaline, PCP, Psilocybin, Mushrooms, Acid				
<b>Inhalants</b>				
<b>Club Drugs</b> Ecstasy, GHB, “roofies”				
<b>Steroids</b>				
<b>Over the Counter:</b> Robitussin, Cold/Diet Products, Coricidan, (Phenylpropanolamine), Max Alert, Heads-Up, Ephedrine, Cough Syrup, Nyquil				
<b>Tobacco</b>				