

Drug Test

Section 1: Personal Information

Name: Arnel Tan

Date of Birth: June 15, 1985

Gender: Male

Contact Number: (555) 123-4567

Section 2: Demographics

Marital Status: Single

Education Level: Bachelor's Degree

Employment Status: Employed

Ethnicity: Asian

Section 3: Medical History

Do you have any known allergies or medical conditions? (If yes, please specify)
No

Section 4: Drug Use History

Have you ever used recreational drugs (including marijuana, cocaine, opioids, amphetamines, etc.)?

☒ Yes

☐ No

If yes, please provide details:
Marijuana, occasionally cocaine

Type of drug(s) used: Marijuana, occasionally cocaine

Frequency of use (e.g., daily, weekly, monthly): Marijuana - weekly, cocaine - rarely

Duration of use: Marijuana - on and off for the past 5 years, cocaine - sporadic over 2 years

Date of last use: Marijuana - 2 weeks ago, cocaine - 3 months ago

Have you ever misused prescription medications?

☐ Yes

☒ No

If yes, please provide details:

Type of medication(s) misused:

Frequency of misuse:

Duration of misuse:

Date of last misuse:

Section 5: Current Drug Use

Are you currently using any recreational drugs or misusing prescription medications?

☒ Yes

☐ No

If yes, please provide details:

Yes, I am currently using a recreational drug.

Type of drug(s) currently using: Marijuana

Frequency of use: Weekly

Duration of current use: Past 5 years

Date of last use: 2 weeks ago

Section 6: Substance Use Impact

Have you experienced any negative consequences from drug use (e.g., legal issues, health problems, strained relationships)?

☐ Yes

☒ No

If yes, please describe:

Section 7: Treatment and Support

Have you ever sought treatment or support for drug use or addiction?

☐ Yes

☒ No

If yes, please provide details:

Type of treatment or support:

Date of treatment or support:

Outcome of treatment or support:

Section 8: Additional Information

Do you want to share additional information about your drug use or related concerns? I've been trying to cut down on my marijuana use lately, as I realize it's impacting my motivation and productivity. I'm open to getting some guidance on how to manage it better.

Section 9: Consent and Confidentiality

I understand the information provided here is confidential and will be used solely for assessment and treatment planning.

Parent's Signature: Ignacio Tan

Date: October 5, 2023

Section 10: Next Steps

Based on the information provided, the healthcare professional can determine the appropriate course of action, including further assessment, counseling, or referral to a specialist if necessary.