

DRUG QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: _____ DOB: _____

1. Please circle any of the below drugs you have used in past or are currently using:
 - a. Opium derivatives: heroin morphine demerol methadone
 - b. Barbituates: amytal phenobarbital seconal nembutal
 - c. Marijuana: hashish cannabis
 - d. Amphetamines: benzedrine dexedrine methedrine
 - e. Cocaine: crack
 - f. Hallucinogens: LSD DMT mescaline peyote psilocybin
 - g. IV Drug use: _____
 - h. Other (explain): _____

2. If yes to any of the above, please note the details:

TYPE(S)	QUANTITY	FREQUENCY	DATE LAST USED
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3. Have you ever sought medical treatment due to drug use, if so, please indicate center, physician and date: _____

4. Have you ever been confined to bed, lost your job with your connection with drugs? _____
5. Have you ever been arrested or charged in connection with the drugs? _____

6. Have you ever suffered from any liver disorder (ie; enlarged liver, elevated LFT's) due to drugs? _____
7. Do you consume any alcohol, if yes, how much and frequency? _____

8. Do you belong to any organizations such as AA, NA? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo