



Path to Health

Carrie Wojciechowski, C.N.

## Substance Survey Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Please list any **PRESCRIPTION MEDICATIONS** you are currently taking or have taken in the last 2 years:

| Name  | Daily Dosage | Diagnosis or symptom | Dates of use |
|-------|--------------|----------------------|--------------|
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |

Please list any **OVER THE COUNTER MEDICATIONS** you are currently taking or have taken in the last 2 years:

| Name  | Daily Dosage | Diagnosis or symptom | Dates of use |
|-------|--------------|----------------------|--------------|
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |

Please list any **VITAMINS, SUPPLEMENTS OR HERBS** you are currently taking or have taken in the last 2 years:

| Name  | Daily Dosage | Diagnosis or symptom | Dates of use |
|-------|--------------|----------------------|--------------|
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |
| _____ | _____        | _____                | _____        |

Please list any **ALLERGIES** you may have:

|       |
|-------|
| _____ |
| _____ |
| _____ |

Please list all **SURGERIES** or **MEDICAL PROCEDURES**:

Circle the following items that apply to you and indicate the amount used

|                      |           |           |           |
|----------------------|-----------|-----------|-----------|
| Candy                | Y/N _____ | Antacids  | Y/N _____ |
| Ice cream            | Y/N _____ | Tea       | Y/N _____ |
| Artificial sweetener | Y/N _____ | Laxatives | Y/N _____ |

How many desserts do you average in a week? \_\_\_\_\_