Montgomery Family Medicine Associates
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ADDICTION MEDICINE AND/OR CONTROLLED SUBSTANCE DEPRESCRIBING HISTORY FORM

SUBSTANCES USED (PLEASE CHECK ALL THAT APPLY):

[ ] ALCOHOL [ ] CANNABIS [ ] OPIOIDS [ ] COCAINE [ ] METHAMPHETAMINES [ ] BENZODIAZEPINES

[ ] TOBACCO (see also below) [ ] E-CIGARETTES/VAPING

TOBACCO SMOKING STATUS: [ ] NEVER SMOKED [ ] FORMERLY SMOKED, QUIT [ ] CURRENTLY SMOKE

IF CURRENTLY SMOKE, HOW MANY PACKS PER DAY?_____

ALLERGIES TO MEDICATIONS: _____

CURRENT MEDICATION LIST: _____

CURRENT VITAMINS, IF ANY: _____

HISTORY OF OVERDOSE: [ ] YES [ ] NO

HISTORY OF SEVERE WITHDRAWAL REQUIRING EMERGENCY OR HOSPITAL SERVICES: [ ] YES [ ] NO

HISTORY OF LIVER CIRRHOSIS: [ ] YES [ ] NO

HISTORY OF CHRONIC KIDNEY DISEASE: [ ] YES [ ] NO

PRIOR ADDICTION TREATMENT: [ ] MEDICATION [ ] INPATIENT/REHAB [ ] OTHER [ ] NONE

PRIOR PEER MEETINGS: [ ] NA/AA [ ] SMART RECOVERY [ ] WOMEN FOR SOBRIETY [ ] OTHER [ ] NONE

MENTAL HEALTH HISTORY: [ ] DEPRESSION [ ] BIPOLAR DISORDER [ ] OTHER [ ] NONE

FAMILY HISTORY OF ADDICTION: [ ] YES [ ] NO

Revised 12/3/2024