



Benzodiazepine Detox Pre-screening Questionnaire:

YOUR NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____ FAX: _____

CAN YOU BE IN FLORIDA FOR THE LENGTH OF TREATMENT or COME TO WEEKLY OFFICE VISITS AS PER STATE REGULATIONS? _____

HISTORY OF BENZODIAZEPINE/OTHER DRUG OR ALCOHOL USE:

Medication 1:

What medication are you taking? _____ Amount per day now? _____

Avg. amt per day for the past 30 days? _____ How long have you been taking this medication? _____

For what reason _____

Is it prescribed to you by a physician? _____ Do you take it as prescribed? _____

Have you ever attempted to come off this medication before? _____ Outcome? _____

Special Notes:

Medication 2:

What medication are you taking? _____ Amount per day now? _____

Avg. amt per day for the past 30 days? _____ How long have you been taking this medication? _____

For what reason _____

Is it prescribed to you by a physician? _____ Do you take it as prescribed? _____

Have you ever attempted to come off this medication before? _____ Outcome? _____

Special Notes:

Medication 3:

What medication are you taking? _____ Amount per day now? _____ Avg. amt per day for the past 30 days? _____

How long have you been taking this medication? _____ For what reason _____

Is it prescribed to you by a physician? _____ Do you take it as prescribed? _____

Have you ever attempted to come off this medication before? _____ Outcome? _____

Special Notes:

Medical History:

Chronic Medical Conditions: _____

Surgical History: _____

Daily Medications and Doses: _____

Height _____ Weight _____ Date of Birth _____ Age _____

Describe in detail and list the symptoms you experience currently:

PLEASE FAX THIS COMPLETED QUESTIONNAIRE TO:

561-290-1307

Disclaimer: Submission of this questionnaire does not guarantee acceptance into the program. Your individual case will be reviewed and evaluated by our medical team to determine if you are an appropriate candidate for New Beginnings Recovery Center's Benzodiazepine Detoxification Program.
