

Letter Head of the Center

Annex C

Drug Dependency Examination Report

<input type="checkbox"/> New Case <input type="checkbox"/> Old Case <input type="checkbox"/> With Court Case _____ <div style="text-align: center; font-size: small;">(Specify Nature/Case No.)</div>	<input type="checkbox"/> Voluntary Submission <input type="checkbox"/> Compulsary Submission <input type="checkbox"/> Others _____		
Last Name:		Address:	
First Name:			
Middle Name:		Contact Number:	
Age:		Gender:	
Birthdate:		Civil Status:	
Birth Order:		Nationality:	
		Religion:	

Referred By	
Accompanied By/ Informant	Name: _____ Address: _____ Signature: _____ Contact No.: _____
DRUGS ABUSED (Present)	
Chief Complaint	
History of Present Illness	
History of Drug Use	
Family History	
Past Medical History	

Mental Status Examination	
Physical Examination	
Drug Test Result (Optional)	
Psychological Test (PT) Report	(If this test was requested by the examining physician; PT Report may be attached to the DDE Report or may be copied here.)
Remarks/ Recommendation	

Signature over printed name of Examining Physician

(Examination Date and Time)

PRC License No.: _____

DOH-Accreditation No.: _____

Address and Contact No.: _____

