1st Consultation : M0

Date of consultation : |__|__| |__|__| |__|__|

Reason of consultation : .....

Sociodemographic information

A.1.Occupational status		A.2.Socioprofessional category		A.3.Family situation	
Active	☐	Farm operator	☐		
Job seeker	☐	Craftsman, shopkeeper	☐	Married – in a marital way	☐
Disability	☐	Business manager		Single	☐
Without profession	☐	Executive, liberal profession	☐	Widowed	☐
Student	☐	Employee	☐	Divorced, separated	☐
Other	☐	Worker	☐	Other	☐
		Other	☐		
Specify :		Specify:		Specify :	

A.4.Housing

Lives alone	☐ yes	☐ no
Share home with others (roommate, family)	☐ yes	☐ no

B.1.History

Surgical history : ☐ yes ☐ no, if yes, specify : .....

.....

Medical history : ☐ yes ☐ no, if yes, specify : .....

.....

Family history : ☐ yes ☐ no, if yes, specify : .....

.....

B.2. Ongoing psychotropic treatment **:**

Drug name (commercial name, specify if generic drug)	Daily dosage	Start date (DD/MM/YYYY)
.....	.....	.....
.....	.....	.....

Information on the patient's cannabis use - M0

1 – In the month preceding this consultation, the patient has used cannabis as :

1.1. Joint : ☐ yes ► Number of joint(s) per month |__|__|__|
☐ no

1.2. Bong or water pipe : ☐ yes ► Number of bong(s) per month |__|__|__|
☐ no

2 – The patient has used cannabis as : ☐ Resin
☐ Herb
☐ Oil
☐ Synthetic cannabis

3 - Age at first use of cannabis : |__|__|

Information on the use of other substances

4 – In the month preceding, the patient has been drinking alcohol :

☐ yes ► Number of glass(es)/week : |__|__|__|
☐ no

5 - In the month preceding, the patient has been smoking tobacco:

☐ yes ► Number of cigarette(s)/week : |__|__|__|
☐ no

6 – Other toxic substances :

During his life

7 – Has the patient ever experienced heroin use ? : ☐ yes ☐ no

8 - Has the patient ever experienced cocaine use ? : ☐ yes ☐ no

9 - Has the patient ever experienced use of other illicit drugs ? ☐ yes ☐ no

9.1. If yes, which ones : .....

Achievement of the Brief Intervention- M0

10 – Duration of the consultation : .....