

My Prescription for Better Health
Positive Choice - First Visit

Name: _____ Patient # 9874 Date: 10/18/06

Drugs

Risk

Speed or amphetamines – 10 days in the past month

Readiness

About quitting drugs, you said you are: Ready **Unsure** Not ready

Recommendations

To protect your health and to be more aware of your surroundings and actions, consider quitting your drug use.

At today's visit, we... (check all that apply)

- Discussed this risk
- Decided on your next steps
- Did not discuss this risk because:
 - There was no time today
 - We will discuss this at the next visit
 - The information here is not accurate
 - We have agreed not to discuss this risk at this time
- Other: _____

Your next step is to... (check all that apply)

- Plan to stay safer when using drugs
- Complete the worksheet about understanding your drug use
- Discuss your drug use with someone you trust
- Contact an agency or program for support
- Make no changes
- Other: _____

Additional Notes:

Signed: _____