



Republic of the Philippines  
Office of the President  
**DANGEROUS DRUGS BOARD**  
3/F, PDEA Bldg, NIA Northside Road, National Government Center  
Brgy Pinyahan, Quezon City

DDB IDADIN FORM 6-06

DDB Control No. \_\_\_\_\_  
Revised December 2006

Name of Rehabilitation Center: \_\_\_\_\_  
Region: \_\_\_\_\_ City/Municipality: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_

**A. BACKGROUND INFORMATION**

1. Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
2. Permanent Address: \_\_\_\_\_  
3. Sex:  Male  Female  
4. Age: \_\_\_\_\_  
5. Date of Birth: \_\_\_\_\_  
6. Place of Birth: \_\_\_\_\_  
7. Civil Status:  Single  Widow/er  
 Married  Separated  
 Live-in  Divorced  
8. Nationality: \_\_\_\_\_  
9. Religion: \_\_\_\_\_  
10. Highest Educational Attainment: \_\_\_\_\_  
11. Number of Years in School: \_\_\_\_\_  
12. Date of Last Attendance in School: \_\_\_\_\_  
13. Occupation prior to Rehabilitation: \_\_\_\_\_  
14. Number of Siblings: \_\_\_\_\_  
15. Ordinal Position in the Family: \_\_\_\_\_  
16. Living Arrangements:  
 With Parents  With Spouse & Children  
 With Relatives  With Friends  
 Boarding House  Living Alone  
 Others, specify \_\_\_\_\_  
17. Estimated Family Monthly Income: ₱ \_\_\_\_\_  
18. Name of Father: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
19. Name of Mother: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
20. Name of Spouse \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

26. Area where drugs are being abused: \_\_\_\_\_  
27. Daily Expenses for Drugs: ₱ \_\_\_\_\_  
28. Source of Drugs (Pls check one only)  
 Friend/Peer  
 Pusher  
 Self  
 Drugstores  
 Relatives  
 Others, pls. Specify \_\_\_\_\_  
29. Place of Drug Source: \_\_\_\_\_  
30. Primary Reasons for Using Drugs: \_\_\_\_\_

31. Drugs Used **for the last 12 months prior to Rehabilitation** (Pls. Refer to page 2)

**C. TREATMENT/HOSPITALIZATION INFORMATION**

32. Nature of Confinement to Rehabilitation Center (Pls. Check one only)  
 Voluntary  
 Voluntary with Court Order  
 Arrested  
 Suspended Sentence  
 Compulsory Confinement (Under Sec. 61, RA 9165)  
 Compulsory Confinement (Under Sec. 62, RA 9165)  
 Relapse/Readmission  
 Others, pls specify \_\_\_\_\_  
33. Number of times admitted to other Rehabilitation Centers \_\_\_\_\_  
(Pls specify name of Center/s/Address)

**B. DRUG USE INFORMATION**

21. Age at first Drug Use: \_\_\_\_\_  
22. Date of last Drug Use: \_\_\_\_\_  
23. Length of Drug Use (Pls. check one only)  
 < than 2 years  
 = or > than 2 yrs but < than 4 yrs  
 = or > than 4 yrs but < than 6 yrs  
 = or > than 6 yrs  
24. Frequency of Drug Use (Pls. check one only)  
 daily  occasionally  
 2x-5x a week  monthly  
 weekly  others, pls. Specify \_\_\_\_\_  
25. Means to Support drug habit: \_\_\_\_\_

34. Number of escapes: \_\_\_\_\_  
35. Number of times admitted to Hospitals due to drug-related cases:  
Name of Hospital \_\_\_\_\_ Date Admitted \_\_\_\_\_  
36. Nature of Admission (Pls. Check one only)  
 Drug Overdose  
 Intoxication/Poisoning  
 Reaction to Drugs  
 Others, pls. Specify \_\_\_\_\_

Note: This is a confidential information. Unauthorized use and disclosure is violation of the law.

I hereby certify to the correctness of the above information.

\_\_\_\_\_  
Parent/Guardian/Spouse  
(Signature over Printed Name)  
(Please Indicate Relation with Patient)

Contact No.: \_\_\_\_\_

**DRUGS USED FOR THE LAST TWELVE (12) MONTHS PRIOR TO CONFINEMENT IN THE CENTER**

Pls. check Code no.	DRUGS USED	Pls. Check Route of Administration/Use			
		Orally	Smoking	Inhalation/ Sniffing	Injection/ Intravenous
	<i>Narcotic/Anaesthetics</i>				
1	Opium				
2	Morphine				
3	Heroin				
4	Hydrocodone				
5	Codeine				
6	Methadone				
7	Demerol				
8	Nalbuphine Hydrochloride (Nubain)				
9	Ketamine				
	<i>Hallucinogens</i>				
10	Cannabis (Marijuana)				
11	*Brownies/Cake				
12	*Seeds				
13	*Hashish				
14	Mescaline (Peyote Cactus/Buttons)				
15	Psilocybin "Katsubong" (Magic Mushroom)				
16	Phencyclidine (PCP,Angel Dust)				
17	Datura (Talapunay)				
18	LSD				
	<i>Stimulants</i>				
19	Cocaine				
20	Ephedrine				
21	MDMA (Ecstasy)				
22	Methamphetamine Hydrochloride (Shabu)				
23	Phentermine (Ionamine/Duromine)				
24	Pseudo-Ephedrine				
	China White				
	Speed				
	<i>Sedatives / Hypnotics / Benzodiazepines</i>				
25	Phenobarb (Luminal)				
26	Alprazolam (Xanor)				
27	Bromazepam (Lexotan)				
28	Chlordiazepoxide (Limbitrol/Librax)				
29	Chlorpromazine HCL (Thorazine)				
30	Clonazepam (Rivotril/X-Pinoy)				
31	Diazepam (Trazepam,Valium,Anxionil)				
32	Dipotassium Clorazepate (Tranxene)				
33	Estazolam (Esilgan)				
34	Flunitrazepam (Rohypnol)				
35	Flurazepam(Dalmane)				
36	Midazolam(Dormicum)				
37	Triazolam				
38	Zolpidem (Stilnox)				
	<i>Cough/Cold Preparations</i>				
39	Isoaminile Citrate				
40	Phenylpropanolamine/Paracetamol				
41	Codeine Phosphate/Guaifenesin (Robitussin-DM)				
42	Codeine Phosphate/Guaifenesin (Robitussin Expectorant)				
	<i>Inhalants/Solvents</i>				
43	Acetone				
44	Gasoline				
45	Rugby/Contact Cement				
46	Thinner/Lacquer paint				
	<i>Other Drugs</i>				
47	Artane				
48	Akineton				
49	Prozac				
50	Unisom				