

Piedmont Psychiatric Clinic

Patients' Name: _____

Date: _____

Instructions: Please check any of the following you have ever used or tried or have been prescribed:

- Amphetamine
- Adderall
- Cylert
- Daytrana
- Dexedrine
- Ritalin
- Vyvanse
- Methadone
- Suboxone
- Subutex
- Codeine
- Darvocet
- Darvon
- Demerol
- Fentanyl
- Hycodan
- Hydrocodone
- Lorcet
- Lortab
- Morphine
- Naltrexone
- Norco
- Oxycontin
- Percocet
- Percodan
- Provigil
- Roxycontin
- Sufentanil
- Talwin
- Tussionex
- Tussi- Organidin

Benzodiazepines

- Ativan (lorazepam)
- Klonopin (Clonazepam)
- Librium (chlordiazepoxide)
- Tranxene (clorazepate)
- Xanax (alprazolam)
- Valium (diazepam)

Tobacco

- Chewing
- Cigarettes
- Cigars
- Snuff

Others:

"Recreational" Drugs

- Alcohol
- Angel Dust
- Blue Nitro
- Cocaine
- Crack
- Crank
- Ecstasy
- GHB
- Glue
- Heroin
- Inhalants
- LSD
- Marijuana
- Mushrooms (Psilocybin)
- PCP
- Peyote
- Ripped Fuel
- Speed
- Steroid Supplements
- Stimulants Drinks I.e.: Red Bull
- Weight Loss Supplements