

Coastal Pain & Spinal Diagnostics Medical Group, Inc.
6221 Metropolitan Street, Ste. 201
Carlsbad, CA 92009

Print Patient Name _____

Please review this list **carefully** and check off ANY and ALL medications that you have taken in the last 30 days.

- | | |
|--|--|
| <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Amphetamine (Adderal, Dexadrine, Vyvanse) |
| <input type="checkbox"/> Buprenorphine (Butrans, Suboxone, Subutex) | <input type="checkbox"/> Carisoprodol (Soma) |
| <input type="checkbox"/> Clonazepam (Klonopin) | <input type="checkbox"/> Codeine (Robitussin-AC, Tylenol 3,4) |
| <input type="checkbox"/> Cyclobenzaprine (Amrix, Fexmid) | <input type="checkbox"/> Desipramine (Norpramin, Pertofrane) |
| <input type="checkbox"/> Dizaepam (Valium) | <input type="checkbox"/> Doxepin (Silenor, Zonalon, Prudoxin) |
| <input type="checkbox"/> Fentanyl (Actiq, Duragesic, Fentora) | <input type="checkbox"/> Gabapentin (Neurontin, Gralise, Horizant) |
| <input type="checkbox"/> Hydrocodone (Zohydro, Norco, Vicodin) | <input type="checkbox"/> Hydromorphone (Dilaudid, Exalgo) |
| <input type="checkbox"/> Imipramine (Tofranil) | <input type="checkbox"/> Ketamine (Ketalar) |
| <input type="checkbox"/> Lorazepam (Ativan) | <input type="checkbox"/> Meperidine (Demerol) |
| <input type="checkbox"/> Methadone (Dolophine) | <input type="checkbox"/> Methylphenidate (Ritalin, Concerta, Daytrana, Methylin) |
| <input type="checkbox"/> Midazolam (Versed) | <input type="checkbox"/> Morphine (Avinza, MS-Contin, MSIR) |
| <input type="checkbox"/> Naloxone (Narcan, Evzio) | <input type="checkbox"/> Naltrexone (Revis, Vivitrol) |
| <input type="checkbox"/> Nortriptyline (Pamelor) | <input type="checkbox"/> Oxazepam (Serax) |
| <input type="checkbox"/> Oxycodone (Percocet, Oxycontin) | <input type="checkbox"/> Oxymorphone (Opana, Numorphon) |
| <input type="checkbox"/> Pregabalin (Lyrica) | <input type="checkbox"/> Sufentanil (Sufenta) |
| <input type="checkbox"/> Tapentadol (Nucynta) <input type="checkbox"/> Temazepam (Restoril) | <input type="checkbox"/> Tramadol (Ultracet, Ultram) |
| <input type="checkbox"/> THC (Medical Marijuana, Marinol, Syndros) | |
| <input type="checkbox"/> Venlafaxine (Effexor XR) <input type="checkbox"/> Zolpidem (Ambien) | |

_____ _____

_____ _____

Please list any NEW medications you have started...OR...any medications you have DISCONTINUED

_____ _____

Patient Signature Date