



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Consumer Name _____ Date _____

Consumer Case # _____

Urine Drug Screening Cup:

<u>DRUG NAME</u>	<u>SYMBOL</u>	<u>POSITIVE</u>	<u>NEGATIVE</u>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturate	BAR	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	MDMA	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>
Urine hCg (pregnancy)		<input type="checkbox"/>	<input type="checkbox"/>

Individual declined to provide sample for UDS and/or Pregnancy.
Declining is the person's right but must be documented in the medical record

Other: _____

Completed by: _____