|  |
| --- |
| **Drug Testing or completing this form is an administrative only activity and is not claimable** |
| **Drug Test Report** |
| Client: |   |   |   |
|  | InSyst # | Last Name | First Name |
| Location: |   | Episode Opening Date: |   |
| Agency: |   | RU: |   |
| Services were provided in:  |   | by [ ]  interpreter or [ ]  clinician |
|  |
| **Drug Testing** |
| Test Results Report Date:  |   |  |
| Test Type:  | [ ]  UA | [ ]  Quick Test | [ ]  Breathalyzer | [ ]  Other:  |   |  |
|  | [ ]  Illicit | [ ]  Prescribed | [ ]  Both | [ ]  Not Tested |
| **Drug Tested** | **THC** | **METH** | **COC** | **AMP** | **OPI** | **BAR** | **BNZ** | **HALL** | **ETOH** | **MDMA (Ecstasy)** | **OXY** | **PCP** | **OTHER** |
| **Positive** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Negative** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Dilute** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Altered** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Not Tested** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Description** |
|   |
|  |   |  |
| LPHA/SUD Counselor Signature | Printed Name/Credentials | Date |