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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LPHA/SUD Counselor Signature | | | | | | | | | | | | | | | Printed Name/Credentials | | | | | | | | | | | | | | Date | | | | |