

CLIENT INFORMATION AND DRUG TESTING CONSENT

Name: _____ Social Security # _____

Address: _____ Phone # _____

City: _____ State, Zip _____

Gender: _____ male _____ female DOB _____

Employer: _____ Work Phone: _____

I give permission for Dr. D. Paul Rodriguez to obtain urine and breathe samples from me as needed for drug screening and laboratory testing. This includes random urinalysis tests for suspected drug / alcohol use. Results will be used in accordance with existing Florida Statutes and Federal Guidelines.

Type of communication authorized: (*initial all that apply*)

_____ Fax _____ Verbal _____ Written This is a single disclosure ___ yes ___ no

Information to be:

_____ Released _____ Received (for drug/alcohol screens only).

Proof of Identity

_____ License _____ Photo I.D. _____ Passport

TOXICOLOGY REPORT

Time and date of collection _____

Specimen type _____ urine _____ saliva **Monitored** _____ **Unmonitored** _____

Last substance used _____ **date** _____

- | | | |
|----------------------------|----------|----------|
| • Amphetamine | positive | negative |
| • Barbiturates | positive | negative |
| • Benzodiazepines | positive | negative |
| • Cocaine | positive | negative |
| • Methadone | positive | negative |
| • Methamphetamine | positive | negative |
| • Opiate | positive | negative |
| • Oxycodone | positive | negative |
| • Phencyclidine | positive | negative |
| • Tricyclic Antidepressant | positive | negative |
| • Marijuana | positive | negative |
| • Buprenorphine | positive | negative |
| • Other | positive | negative |

Client Signature _____ date _____

Witness (staff) _____ date _____