

Project S.A.F.E.
Alcohol and Drug Screening Report
Completed form to be sent to DCF

Client Name: _____ **ABH ID #** _____ **Date:** _____

STEP I: Client Self Report

Since my last Alcohol and Drug test with _____ on _____, I have:
(SA Provider) (Date)

- Not used** any alcohol or drugs
- Used** the following substances:
- | | |
|---|----------------|
| <input type="checkbox"/> Alcohol (including beer or wine) | Last Use _____ |
| <input type="checkbox"/> Marijuana | Last Use _____ |
| <input type="checkbox"/> Cocaine/Crack | Last Use _____ |
| <input type="checkbox"/> Heroin | Last Use _____ |
| <input type="checkbox"/> PCP | Last Use _____ |
| <input type="checkbox"/> Oxy | Last Use _____ |
| <input type="checkbox"/> Other drugs
(please list) _____ | Last Use _____ |

Client Signature

Date

STEP II: Drug Screening Results

Breathalyzer Results (if administered): Negative Positive (reading of __.__) Not Administered

Instant Urine Drug Screen Results (Keep photocopy of cup results in client file):

- Negative for all substances
- Positive (circle all that apply) + Amphetamines +Cocaine +Marijuana +Opiates +PCP

* If the Instant Urine Drug Screen is **not consistent** with the client's self report of substance use above, the client should initial one of the following reasons:

- I admit to recent use of the drugs shown in the instant urine drug screen results.
- I challenge the results of the drug test and have not used these drugs. *[All positive results on the instant drug screen are presumptive and should be sent to the lab for confirmation if challenged by the client. Lab results will be faxed by the lab directly to the provider within 24 – 48 hours.]*
- I refuse to participate in alcohol or drug testing today and understand that this will be considered as a positive test and reported to DCF.

Client Signature/Date

SA Treatment Provider Signature/Date

STEP III: GC/MS Lab Confirmation (if done)

Confirmation results (If UDS was sent out to the lab, attach lab confirmation slip. Lab results are the final, reportable results):

- Negative for all substances
- Positive (circle all that apply) + Amphetamines +Cocaine +Marijuana +Opiates +PCP

Comments: _____

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