



# Drug Screen Consent/Refusal and Results

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Location of test: \_\_\_\_\_ Date of Drug Screen: \_\_\_\_\_  
 DCS Worker assigned to case: \_\_\_\_\_ DCS Worker conducting drug screen: \_\_\_\_\_

\*Initials \_\_\_\_\_ Drug Screen Lot Number: \_\_\_\_\_ Drug Screen Exp. Date: \_\_\_\_\_

*	I hereby <b>consent</b> to allow a <b>specimen**</b> to be collected for the purpose of a substance abuse screening.
*	I hereby <b>refuse</b> to allow a <b>specimen**</b> to be collected for the purpose of a substance abuse screening. I further understand that if I refuse, this refusal may be considered a positive result by the court.
*	I hereby <b>waive</b> my option of providing a <b>specimen**</b> and <b>admit</b> that I used the below substance(s) on the following date(s):

\*\*A specimen could include saliva, urine, hair follicle, etc.

### Drug Screen Results

Name of Drug Test	Admit to use *(Initials and date of last use)	Positive Results	Negative Results	No Test Performed	Hard Copy Attached
Alcohol	<input type="checkbox"/> *				
Amphetamine (AMP)	<input type="checkbox"/> *				
Barbiturates (BAR)	<input type="checkbox"/> *				
Benzodiazepines (BZO)	<input type="checkbox"/> *				
Buprenorphine (Suboxone/Subutex)	<input type="checkbox"/> *				
Cocaine (COC)	<input type="checkbox"/> *				
Fentanyl	<input type="checkbox"/> *				
MDMA (Ecstasy)	<input type="checkbox"/> *				
Methadone (MTD)	<input type="checkbox"/> *				
Methamphetamine (MET)	<input type="checkbox"/> *				
Opiate (MOP)	<input type="checkbox"/> *				
Oxycodone (OXY)	<input type="checkbox"/> *				
Phencyclidine (PCP)	<input type="checkbox"/> *				
Propoxyphene	<input type="checkbox"/> *				
THC/Cannabinoids	<input type="checkbox"/> *				
Tricyclic Antidepressants	<input type="checkbox"/> *				
Other:	<input type="checkbox"/> *				

**Signature of person being screened:** \_\_\_\_\_

*Signature acknowledges you were screened or admitted to use on the above date.*

**Signature of person administering the screenings:** \_\_\_\_\_

*Signature acknowledges you performed this drug screen, reviewed the results and results are accurate to the best of your knowledge.*

**Signature of witness:** \_\_\_\_\_

*Signature acknowledges you reviewed screening results and results are accurate to the best of your knowledge.*

# Drug Screen Consent/Refusal and Results

## Pill Count Log

Client Name: \_\_\_\_\_ Date of Count: \_\_\_\_\_ Person Conducting Count: \_\_\_\_\_

*	I hereby <u>consent</u> to allow a <u>pill count</u> to be conducted for the purpose of verifying appropriate prescription use.
*	I hereby <u>refuse</u> to allow a <u>pill count</u> to be conducted for the purpose of verifying appropriate prescription use. I further understand that if I refuse, this refusal may be considered in evaluation of misuse of prescription(s).

MEDICATION	DOSE	DIRECTIONS	DATE FILLED	NUMBER OF PILLS FILLED	NUMBER OF PILLS REMAINING	NUMBER OF PILLS TAKEN EACH DAY	DAYS SINCE FILLED	PILLS TO HAVE BEEN TAKEN (Column 7 X Column 8)	OVER/UNDER
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

DCS Staff Signature: \_\_\_\_\_

**Note: Additional pill count logs can/should be used if a client has more than 5 prescriptions.**

*Check the "Forms" Webpage for the most current version and disregard all previous versions. This form may not be altered without prior approval.*

*Distribution: Child/Youth's Case File, Juvenile Court (if requested)*

CS-0831, Rev. 9/24

**INSTRUCTIONS FOR USE OF FORM  
CS-0831  
Drug Screen Consent/Refusal  
and Results**

Use this form to obtain the consent or refusal of a client to a substance abuse urine screening and/or conducting a pill count. Please ensure that the client initials\* the appropriate selection where indicated on this page.

Actual testing results with hazardous materials should never be placed in the case file; this form will serve as documentation of that process.

The client will sign the form as indicated to verify the screening process took place. See DCS Policy 13.12 Probation Requirements for Delinquent Youth.