



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 consent to allow a specimen** to be collected for the purpose of a substance abuse screening.	
*	I hereby refuse to allow a specimen** 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 waive my option of providing a specimen** and admit that I used the below substance(s) on the following date(s):	

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

Saliva Urine Hair follicle Nail Bed Other: _____

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"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine (AMP)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates (BAR)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (BZO)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine (Suboxone/Subutex)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (COC)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA (Ecstasy)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (MTD)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (MET)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiate (MOP)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (OXY)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine (PCP)	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC/Cannabinoids	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.



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

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

CS- 0831
Rev: 2/26





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

Date: _____

Parent's Signature: _____ DCS Staff Signature: _____

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



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Department of Children's Services
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 any 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.

Instructions for
CS-0831, Rev. 2/26



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