

URINALYSIS REPORT AT INTAKE (TCU METHADONE OUTPATIENT FORMS)

[FORM 204; CARD 01]

SITE #:	CLIENT ID#:	DATE URINE COLLECTED:	COUNSELOR ID#:
_	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _
[6]	[7-10]	MO DAY YR [11-16]	[17-18]

1. Was urine positive for 1 or more illegal drugs? 0=No 1=Yes* [19]

***IF YES:**

Was urine positive for --	NO	YES	
a. Opiates?	0	1	[20]
b. Methadone?	0	1	[21]
c. Sedatives/Barbiturates?	0	1	[22]
d. Benzodiazepines?	0	1	[23]
e. Amphetamines?	0	1	[24]
f. Cocaine/Crack?	0	1	[25]
g. THC?	0	1	[26]
h. PCP?	0	1	[27]
i. Propoxyphene?	0	1	[28]
j. Other? _____	0	1	[29]