

URINALYSIS REPORT AT INTAKE (TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

[FORM 300; CARD 01]

SITE #:	CLIENT ID#:	DATE OF URINALYSIS:	COUNSELOR ID#:
_	_ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _
[6]	[7-10]	MO DAY YR [11-16]	[17-18]
TREATMENT MONTH? 00 01 02 03 04 05 06 07 08 09 10 11 12 _ _ _ _			
[19-20]			

1. Indicate reason for urinalysis [CIRCLE ONE]..... |_|_| [21]

1. Scheduled UA 2. For Cause (unscheduled)

2. Was urine positive for --

	NO	YES	
a. Opiates?	0	1	[22]
b. Methadone?	0	1	[23]
c. Sedatives/Barbiturates?	0	1	[24]
d. Benzodiazepines?	0	1	[25]
e. Amphetamines?	0	1	[26]
f. Cocaine/Crack?	0	1	[27]
g. THC?	0	1	[28]
h. PCP?	0	1	[29]
i. Propoxyphene?	0	1	[30]
j. Other? _____	0	1	[31]

3. Urine was collected--[CIRCLE ONE]..... |_|_| [32]

1. during treatment 2. 6-month follow-up 3. 12-month follow-up