

DRUG TESTING CONSENT FORM

I authorize _____ (*therapist or practice name*) to take a urine sample for evidence of drug use.

I agree to be tested for:

____ Marijuana ____ Opiates ____ Cocaine ____ Methamphetamines ____ Barbiturates

____ Other: _____

Please note: to provide the highest reliability of the test sample, a same-sex attendant will visually monitor the taking of the urine sample. Our office test results are highly dependable. However, due to the implications of a positive test, we recommend an independent re-evaluation when results of a test are positive. This step is a choice and is not mandatory.

I agree to the release of the drug test results to (*check as appropriate*):

____ Client Only

____ Parents - Name(s): _____

____ Spouse - Name: _____

____ Probation/Courts

____ Social Services

____ Other (please specify): _____

Signature of Client/Patient Date

Print Name

Signature of Parent/Guardian Date

Print Name