**CLIENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Select Referring Agency***

* Gunnison Combined Courts/ Sherriff’s Office
* Juvenile Services
* Mental Health Center
* Teocalli Treatment Center
* Outside Probation Agency, Specify/ Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, Specify/Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Select Desired Screening***

* **7 panel** (Meth/Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Opiates, PCP, THC) $20.00
* **10 panel** (EtG, Meth/Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, Oxycodone, PCP, THC) $25.00
* **10pane**l (Same as above with automatic quantitative confirmation on positives) $30.00
* **11 panel** (EtG, Meth/Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, Oxycodone, PCP, THC, Heroin Metabolite) $30.00

***Select Frequency***

* One time Screening
* One time per month random
* Two times per month random
* One time per week random
* Two times per week random
* Three times per week random
* Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

