



# Comprehensive Drug Analysis Medical History Form

Patient Addressograph

**DRUG SCREENS - are intended for medical (i.e., treatment) purposes.**  
***BOTH THE PATIENT INFORMATION AND HISTORY SECTIONS MUST BE COMPLETED***  
This form must be submitted with the specimen at the time of collection before the comprehensive drug screen will be processed.

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ PHN: \_\_\_\_\_

## HISTORY

Patient Status: \_\_\_\_\_

- Suspected overdose
- Suspected narcotic or stimulant abuser
- Other (non-prescribed) drug use
- Addiction Treatment / Monitoring
- CSART Monitoring

Drugs or poison suspected (include alcohols): \_\_\_\_\_

Drugs currently prescribed: \_\_\_\_\_

Drugs given in Emergency or Ambulance (if applicable): \_\_\_\_\_

**PLEASE NOTE: "STAT" ANALYSIS AFTER 1600h, WEEKENDS and HOLIDAYS REQUIRES PATHOLOGIST-ON-CALL APPROVAL (403-860-1802)**

Additional Patient History: \_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SPECIMEN REQUIREMENTS: 30 mL URINE**

**QUESTIONS? Call the Lab Information Centre 403-770-3600**

CLS does not endorse or recommend testing physicians agreeing to order drug tests simply to reassure patients that they will test negative when a subsequent employment or forensic drug screen is performed.

### CONFIDENTIAL INFORMATION

This form is intended for the institution to which it is addressed and **MUST NOT** be distributed, copied or disclosed to anyone else. If you receive this form in error, please notify Calgary Laboratory Services immediately at 403-770-3600. Thank you for your cooperation and assistance.