658 E Brier Drive Suite 250, San Bernardino CA, 92415-0530 | Phone: 909-501- 0728• Fax: 909-501-0831

Department of Behavioral Health
Substance Use Disorder and Recovery Services

www.SBCounty.gov

Substance Use Screening Log

Substance	Test Date	Results		Staff Initials if POSITIVE
☐ AMP- Amphetamine		☐ Negative	☐ Positive	
☐ BAR- Barbituates		☐ Negative	☐ Positive	
☐ BZD- Benzodiazepines		☐ Negative	☐ Positive	
☐ BUP- Buprenorphine		☐ Negative	☐ Positive	
☐ COC- Cocaine Metabolites		☐ Negative	☐ Positive	
☐ ETOH- Alcohol _________%		☐ Negative	☐ Positive	
☐ FEN- Fentanyl		☐ Negative	☐ Positive	
☐ MDMA- Ecstasy		☐ Negative	☐ Positive	
☐ MET- Methamphetamine		☐ Negative	☐ Positive	
☐ MTD- Methadone		☐ Negative	☐ Positive	
☐ OPI- Opiates		☐ Negative	☐ Positive	
☐ OXY- Oxycodone		☐ Negative	☐ Positive	
☐ PCP- Phencyclidine		☐ Negative	☐ Positive	
☐ PPX- Propoxyphene		☐ Negative	☐ Positive	
☐ THC- Marijuana/WAX		☐ Negative	☐ Positive	
☐ TML- Tramadol		☐ Negative	☐ Positive	
☐ Other- _________________		☐ Negative	☐ Positive	
☐ Irregular Test ☐ Additional Testing		☐ Test Name_________________________ ☐ See Chain of Custody		☐ Lot Number_____________

All screenings were observed by clinical staff and the results were discussed with the client. Client signed the on-site form and the screening did not appear to be a hardship on the client.

Client Signature:____ Date:_________________

Client Name (Print):____ Client Number:_________________

Counselor Signature:____Date:_________________

Counselor's Name (Print):____