Reporting Center UA Screens

YOUTH DEMOGRAPHICS	3			
First Name:				
Middle Name:				
Last Name:				
Date of Birth:				
UA INFORMATION				
*UA Completed:	□ Yes	□ No		Refused
*Date of UA Screen:				
*UA Screen Results (pick one):				
Negative	Positive	Inconclusive	Excused	No Show
*UA results related to discharge: Ves No				