

DEPARTMENT USE ONLY:

Specimen ID: _____

Whatcom County District Court Probation Department Urinalysis (UA) Last Use Form

Name <i>(Last, First)</i> :	DOB:	Gender:
Probation Officer:		

SECTION A Below, indicate if you have not used alcohol and/or drugs within the last six (6) months. If you have used within that time frame, skip section A and go to section B.

No alcohol use within the last six (6) months

No drug use within the last six (6) months

SECTION B Below, indicate what substance(s) you have used recreationally within the last six (6) months. Do not include medications you take as prescribed by a physician. List all medications you are currently taking in section C.

Substance Used	Date of Last Use	Quantity Used
<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Marijuana/Cannabis		
<input type="checkbox"/> Meth/Amphetamine		
<input type="checkbox"/> Opiates		
<input type="checkbox"/> Cocaine		
<input type="checkbox"/> Fentanyl		
<input type="checkbox"/> Benzodiazepines		
<input type="checkbox"/> Heroin		
<input type="checkbox"/> Other:		

SECTION C Below, list all prescription and "over the counter" medications you are currently taking.

Prescription Medications	"Over the Counter" Medications

I understand that the information I have listed above is a complete record of the substances and/or medications I've taken within the last six (6) months.

Signature

Print Name

Date