



# MONITORING REPORT

Due \_\_\_\_\_ Day of Each Month

Client Name \_\_\_\_\_

## URINE

Dates of Urine Collection	Negative	Pending	Unconfirmed Positive	Confirmed Positive	Initials of Observer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Contact us **immediately** if a client's initial screen test is positive, regardless of whether or not the client has a prescription. **GCMS confirmation must be performed on all positive screens.**
- Attach the **GCMS** confirmation results to this form.
- If any urine collections have been missed, please indicate reason, (e.g., vacation).

\_\_\_\_\_  
\_\_\_\_\_

The urine screens were done on a random basis as determined by \_\_\_\_\_ and were monitored by \_\_\_\_\_.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name/Credentials (Please Print) \_\_\_\_\_ Facility/Agency \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## MONITORED MEDICATION REGIME REPORT

The medication the client is being observed for is: \_\_\_\_\_  
The medication dosage and frequency is: \_\_\_\_\_

Dates Medication Administered	Initials of Observer	Dates Medication Administered	Initials of Observer

Contact Peer Assistance Services immediately if licensee misses monitored medicine.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name/Credentials (Please Print) \_\_\_\_\_ Facility/Agency \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mail Original To:** Peer Assistance Services, Inc.  
2170 S. Parker Road, Suite 229  
Denver, CO 80231  
Phone: 303.369.0039 or 866.369.0039  
Fax: 720.213.1007