

Date \_\_\_\_\_

## CONSENT FOR URINALYSIS/BREATH/SALIVA TEST

## PHOENIX HOUSE FLORIDA

FL 33511

	Client Details:	
Client Name: Client DOB: Client ID:		
Acceptabilities of Spain (New York and Spain	Consent for Urinalysis/Breath/Saliva To	est
	Consent for Urinalysis/Breath/Saliva	Test
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PH Service Site:		
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of diagnosis, evaluation and	fitercare. I understand that the results will be u reporting. I understand that refusal to submit to the program and/or aftercare.	o a request for a urine/breath/saliva
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Only complete below fo	r manual signatures	
Signature of Client	Signature of Parent/Guardian (If Required)	Signature of Staff Witness
	Date	Date