

# SHFT Referral Form

## Referrers Contact Details

(Lawyer, Case Worker, Employer, Doctor)

### **Name**

### **Phone Number**

First Name

Last Name

Area Code

Phone Number

### **Company**

### **Email**

example@example.com

## Clients Details

### **Name**

### **Email**

First Name

Last Name

example@example.com

### **Phone Number**

Area Code

Phone Number

### **Legal Aid**

### **Court Order**

YES

YES

NO

NO

## **HASTA Testing**

Drugs of Abuse Screen - 63 drugs/metabolites tests

Steroid Screen

EtG Alcohol Screen

## **Psychemedics Testing**

501 - 5 Panel Drugs Test (Cocaine, Opiates, PCP, Amphetamines, Marijuana)

622 - Panel Drugs Test and Benzodiazepines (Valium, Xanax etc)

818 - 5 Panel Drugs Test and EtG Alcohol

920 - EtG Alcohol

**Other Drugs: - see website or list drugs here**