



Latino Community Development Agency, Inc.

Latino Client Services

Main Office: 405-236-0701    Main Fax: 405.236.0737  
420 SW 10th Street / Oklahoma City, OK 73109

## Drug Testing Referral Form

### **CLIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_ F \_\_\_\_ M

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Court Case #: \_\_\_\_\_ (DHS, CW Only): KK# \_\_\_\_\_

### **PARENT INFORMATION (if client is underage)**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_ F \_\_\_\_ M

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **REFERRING AGENCY or SCHOOL**

Institution Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ Self-Referred

1. Services Needed by: \_\_\_\_\_ (Date) Frequency: \_\_\_\_\_

2. Describe Reason for Referral: \_\_\_\_\_

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