

DFSA Laboratory Information Form

Patient's Name: _____

Patient's Height (approximate): _____ Weight (approximate): _____

Did the patient experience unconsciousness and for how long? _____

Date and Time of Drugging: _____

Specimen Collection:

Blood (2 gray top tubes): _____ Date: _____ Time: _____

Urine: CC's Collected: _____ Date: _____ Time: _____

Since the incident, how many times did the patient void prior to this collection? _____

How much alcohol did the patient consume? _____ Type of alcohol? _____

Please circle "Hx" (patient history), "Obs" (observed by examiner), or both where appropriate.

Neurological	Psycho-physiological	GI/GU	Disturbance of Consciousness	Memory Impairment
Muscle Relaxation Hx Obs	Excitability Hx Obs	Nausea Hx Obs	Drowsiness Hx Obs	Confusion Hx Obs
Dizziness Hx Obs	Aggressive Behavior Hx Obs	Vomiting Hx Obs	Sedation Hx Obs	Memory Loss Hx Obs
Weakness Hx Obs	Sexual Stimulation Hx Obs	Diarrhea Hx Obs	Lost Consciousness Hx Obs	
Slurred Speech Hx Obs	Loss of Inhibitions Hx Obs	Incontinence Urine/Feces Hx Obs		
Paralysis Hx Obs	Hallucinations Hx Obs			
Seizures Hx Obs	Dissociation Hx Obs			
Pupil Size Hx Obs				

List below any drugs taken prior to and after the incident (including recreational, prescription, and OTC).

	Name	Amount	Date	Time
Prior to incident:				
After incident:				

Examiner: _____ Date: _____ Time: _____

Distribute: Original in DFSA kit
 Copy to medical record
 Copy to law enforcement
 Copy to patient