

# TCA Drug Test

## Patient Information

Patient Name:

Date of Birth:

Age:

Gender:

Current medications (including prescribed and unprescribed):

Previous medical history:

Current dose for TCA (if prescribed):

## Patient consent (completed by patient)

- I understand why I have been recommended to complete this test.
- I am aware of what this test entails, and the possible results of this test.
- I am aware of the risks of this test.
- I consent to undergoing this test procedure and discussing these results with my health practitioner.

\_\_\_\_\_

Patient signature

\_\_\_\_\_

Patient name (printed)

## Preliminary TCA Drug Test Information

Reason(s) for completing a TCA Test:

Type of test being conducted:

- TCA blood test
- TCA urine test

Is this test being conducted alongside other procedures or screenings?

Yes

No

If yes to the previous question, provide details of these procedures/screenings:

Additional Notes:

Practitioner Name:

Current Date:

**TCA Blood Test**

Date of results:

Levels from the TCA blood test indicate:

Normal levels of TCA

Low levels of TCA

High levels of TCA

These results indicate:

The individual is taking as prescribed

The individual is misusing TCA

The individual is taking unprescribed TCA

The individual has a TCA overdose

Further comments:

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Patient name (printed)

Current Date:

**TCA Urine Test**

Date of results:

Results from the TCA urine test indicate:

- Positive for TCA
- Negative for TCA

Levels from the TCA urine test indicate:

- Normal levels of TCA
- Low levels of TCA
- High levels of TCA

These results indicate:

- The individual is taking as prescribed
- The individual is misusing TCA
- The individual is taking unprescribed TCA
- The individual has a TCA overdose

Further comments:

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Patient signature

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Patient name (printed)

Current Date: