HEALTH RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE **SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION**

_____ Substance Abuse Rehabilitation Program (SARP),

INFORMED CONSENT

DATE: _____

You have either been give a substance abuse or dependence diagnosis, or it has been found that you would benefit from education on substance abuse. There are a variety of treatments for substance use problems. Each treatment has its own potential risks and benefits. Medications, which are used infrequently, are almost always used in combination with counseling. Some types of one-on-one counseling have been proven to be helpful. Group counseling is the most common type of treatment for substance use problems. At SARP, we combine educational workshops, social support efforts, and individual and group counseling.

Mild substance abuse disorders sometimes resolve with interventions to limit substance use; however, there is a risk of worsening psychological, social, and physical problems if abuse recurs. You may choose to have no treatment at all, but it is likely your problems would worsen.

If you have any questions about this assessment or possible treatments, please ask the clinician who gave you this form, or seek more information from respected sources.

Please check either box 'a' or 'b' below, and then sign this form:

a. I consent to treatment at SARP. ☐

b. I do not consent to treatment at this time. ☐

_____
Patient Signature

Patient Name		Rank/Grade	Sex
SSN/Identification Number	Status	Date of Birth	
Branch of Service	Organization		
Sponsor's Name	Relationship to Sponsor		

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
NAVMED O/P 5353/17 (5-2003)