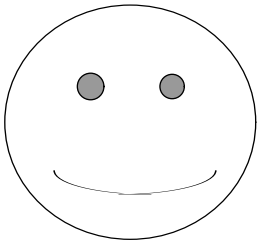
SUBSTANCE ABUSE REHABILITATION PROGRAM
TREATMENT RECORD
RIGHT COVER PAGE

1. Cover Page
2. Recommendation Letter (Facility Specific - No Sample Provided)
3. Privacy Act
4. Patient Information
5. Screening Tool (e.g. MAST, SASSI, CAGE, CAAPE, MAPP, CIWA-AR)
6. Alcohol and Drug Assessment (Patient Questionnaire)
7. SF-513
8. Referral Forms (Mental Health/DAPA/SACO/CDAR - Facility Specific - Sample Provided)
9. Optional Items (check if contained in this package)

   - ☐ a. Significiant Other Contact
   - ☐ b. Infomation Release Authorization
   - ☐ c. Informed Consent
   - ☐ d. Other Pertinent Forms or Documentation



Attach photo

Peer Review:_____
(Signature) (Date)

Director:_____
(Signature) (Date)

PRRC Conducted by:_____
(Signature) (Date)