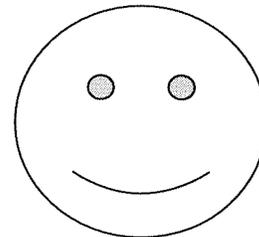


**SUBSTANCE ABUSE REHABILITATION PROGRAM
TREATMENT RECORD
RIGHT COVER PAGE**

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. Significant Other Contact
 - b. Information 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)