



The Commonwealth of Massachusetts
 Department of Public Health
 Bureau of Health Professions Licensure

Board of Registration in Nursing
 239 Causeway Street • Boston, Massachusetts 02114

Substance Abuse Rehabilitation Program
Health Care/Medication Report

To the Practitioner of the Substance Abuse Rehabilitation Program (SARP) Participant:
*Please complete this form and notify the SARP Coordinator **within ten (10) days of providing services to the SARP Participant.** If you have any questions, please call the SARP Coordinator at 617-973-0931.*

Name of SARP Participant (please print): _____

Date of Treatment: _____

Diagnosis: _____

Treatment: _____

Follow-up appointment scheduled for: _____

Prescription Information

DATE OF PRESCRIPTION	TYPE OF MEDICATION	QUANTITY & DOSAGE PRESCRIBED NUMBER OF REFILLS	RATIONALE FOR MEDICATION

I have been informed this patient is in recovery for chemical dependency [] Yes [] No

 Practitioner's Name (please print)

 Practitioner's Signature / Report Date

 Practitioner's Address and Office Telephone Numbers

 Practitioner's License Number

 Date