U.S. Department of Homeland Security
U. S. Coast Guard
CG-6043 (03-04)

USCG REHABILITATION TREATMENT REQUEST FORM

FOR ATF / SAPR USE ONLY **Please Print**

Reg# _____ **Group No.** _____ **TAD** _____ **TEMDU** _____

Admit Date _____ **Completed** _____ **Unit PDR** _____ **Health Record** _____

Sked By _____ **Date** _____ **Data Entered By** _____**Date** _____

SAPR will NOT confirm inpatient date unless this form shows XO signature & all data.

Fax to MLC LANT (KMA) @757-628-4337 or MLC PAC(KMA) @ 510-637-1227 (ATTN: SAPR)

Medical Diagnoses: _____

Treatment Requested: ☐ **ALCOHOL** ☐ **DRUG** ☐ **OTHER** _____

Indicate Treatment Facility Location: _____

Treatment Start Date: _____

Name (LAST, FIRST, MI) Rate/Rank SVC BR. Employee ID #

_____ _____ _____ _____

Unit Address

OPFAC _____-_____

CDAR _____

Command Ph. _____

FAX # _____

MLC # _____

D.O.B. _____ Gender: Female Religious Preference: _____ Education: _____

Martial Status: _____ Next of Kin (Name/Relationship): _____

Home Phone: _____ Address: _____

EOAS Date: _____ _____ Zip: _____

Does client have a valid driver's license? ☐ Yes ☐ No

State: _____ Restrictions? _____

Civilian/military legal action or medical appointments pending? ☐ Yes ☐ No

If yes, please explain:

CO/OinC Name / Rank: _____ Psych Hx? _____

Date of Screening (if any): _____ Medical Officer's Evaluation: _____

Date of HIV Test: _____

Note: HIV test must be performed within 30 days of inpatient date (Navy facilities only).

Approved by:

Executive Officer _____ Date: _____

Approved by:

MLC Substance Abuse Program Representative _____ Date: _____

PRIVACY ACT STATEMENT

AUTHORITY: 5. U.S.C. 301, 7901; 14 U.S.C. 632; 42 U.S.C. 4541; DHS/CG SORN 043

PURPOSE: To ensure eligibility of and treatment for active duty members in need of substance abuse rehabilitation treatment.

ROUTINE USES: Information from Rehabilitation treatment request may only be used to secure substance abuse rehabilitation treatment for active duty members, and to provide statistical information within Coast Guard Maintenance and Logistics Commands, DOD and Coast Guard military treatment facilities, TRICARE facilities and within the military substance abuse prevention departments.

DISCLOSURE: Voluntary, however, failure to provide information will result in failure to complete required treatment and will subsequently result in discharge from the service.

Reset