

Place a check by the substances you have used :

Ever in your life	within the last 12 months		Ever in your life	within the last 12 months	
_____	_____	Alcohol	_____	_____	Other
_____	_____	Amphetamines			
_____	_____	Cocaine	_____	_____	Other Stimulants
_____	_____	Crack	_____	_____	Over the Counter drugs
_____	_____	Codeine	_____	_____	Benzodiazepines
_____	_____	(Bennies)			
_____	_____	Heroin			
_____	_____	Non-prescrip Methadone	_____	_____	Other Tranquilizers
_____	_____	Other Opiates/Synthetics	_____	_____	Barbiturates (Downers)
_____	_____	Marijuana/Hash	_____	_____	Other Sedatives
					Inhalants (glue, paint, poppers)
_____	_____	PCP	_____	_____	Nicotine/Tobacco
_____	_____	LSD/ Acid	_____	_____	Other (Special K, Extasy, etc...)
_____	_____	Other Hallucinogens	_____	_____	Caffeine
_____	_____	Metha-amphetimene (Crystal Meth)			

1. Is there a history of chemical abuse, drug addiction, alcoholism in your family? Yes No (circle)
 Please explain:

2. Is there a history of mental illness in your family? (For example: "nervous breakdown" depression,) Yes No (circle)
 Please explain:

3. Please list any current medical problems.:

4. Please list any medications you are currently taking:

D O R	Delivering	1660 South Highway 100	612-332-4805	Fax: 612-342-2422
	Organizational	Suite 430	800-367-3271	www.doreap.com
	Results	Minneapolis, MN 55416		doreap@doreap.com

SAP Statement of Understanding and Limits

1. The scope of your visit to a Substance Abuse Professional (SAP) is specifically defined by Department of Transportation (DOT) regulations. Basically a SAP will offer assistance in resolving problems associated with drug or chemical use. Your being here is the **first step** in compliance with those regulations. The Substance Abuse Professional will:
 - **conduct a substance abuse evaluation which will determine the level and the nature of any chemical health problem you may have.**
 - **make recommendations for that problem.**
 - **monitor your progress and compliance with any recommendations.**
2. The Substance Abuse Professional will also need to report to your employer the following information
 - **the date you attended the appointment.**
 - **the outcome of your evaluation.**
 - **any recommendations and referral information that were given to you.**
3. In addition the Substance Abuse Professional will continue to follow your progress and report your compliance to your employer
4. Please note that it is **up to your employer to determine your work status.** The Substance Abuse Professional **does not** determine your work status and will **only report** whether or not you fully **complied** with the **recommendations** that were made for you.
5. SAP services include the following:
 - **an evaluation (which includes a face to face interview and a standardized test)**
 - **recommendations and a treatment plan.**
 - **assistance in arranging for any recommended service.**
 - **regular contact with treatment providers to evaluate your progress.**
 - **a follow up interview to discuss your compliance and participation in treatment.**
 - **a written statement of compliance for your employer**
 - **any required consultation or report that needs to be made to your employer.**
6. For some employees, **ongoing monitoring** is required after that employee returns to work. **Ongoing monitoring** includes:
 - **providing a monthly face to face interview to review plans, progress and compliance with any recommendations.**
 - **assessing for any developing problems; recommendations will be made accordingly.**
 - **making necessary reports to your employer or anyone else on your care team, with your consent.**

I have read the above statement. I understand and agree to all that it contains:

Client signature:

Date:

Witness signature:

Date:

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records protected under Federal Law. Federal Regulations (42 CFR part 2) prohibits you from making further disclosure of this information without the specific consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

SAP EVALUATION & RECOMMENDATIONS

EMPLOYER:

ADDRESS:

CONTACT NAME:

TITLE:

EMPLOYEE:

DOT Operating Administration:

POSITION:

SOCIAL SECURITY:

VIOLATION:

DATE OF EVALUATION:

DATE OF FINAL EVALUATION:

SAP RECOMMENDATION:

Substance Abuse Professional:

Date:

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SAP Verification of Compliance with Assistance Plan and Recommendation for Follow-Up Testing

EMPLOYER:

CONTACT NAME:

TITLE:

EMPLOYEE:

DOT Operating Administration:

POSITION:

SOCIAL SECURITY:

VIOLATION:

DATE OF EVALUATION:

DATE OF FINAL EVALUATION:

TREATMENT PROVIDER/PROGRAM:

PHONE:

INCLUSIVE DATES OF TREATMENT:

Brief synopsis of treatment:

I recommend the following plan for follow-up testing:

First ___months ___Alcohol ___Drugs Frequency: _____.

Next ___months ___Alcohol ___Drugs Frequency: _____.

Subsequent years ___Alcohol ___Drugs Frequency: _____.

I hereby certify that I am a qualified Substance Abuse Professional, and that I have knowledge of and clinical experience in the diagnosis and treatment of alcohol/substance use disorders and related disorders. I further verify that in my professional opinion the above named Employee, _____, has complied with my recommendations. I further certify that as a Substance Abuse Professional, I have complied with all DOT regulations regarding my evaluation, recommendation and monitoring of the above named Employee during this intervention.

Substance Abuse Professional:

Date:

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Affiliate Invoice

Affiliate Name and Address:

Tax I.D. Number: _____

Month of: _____ **20**__

Dates of Contact	Client Name	Company Name	Fee Charged

With this invoice, we must receive the **client information sheet** and signed **S.A.P. statement of understanding and limits, SAP Evaluation & Recommendations** and **SAP Verification of Compliance with Assistance Plan and Recommendation for Follow-Up Testing**.
 Submit the paperwork within 30 days of the last session.

02/03

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