PATRIOT SUPPORT PROGRAMS of UHS

Facility/Contact Information (select facility)
Choose one...

*Patient Full Name	* Full SSN	*DOB

*Patient Cell Number	*Rank	*Duty Station

*Military Branch	*Patient Diagnosis

*Program Requesting ("X" one Program)	Trauma	Substance Abuse	Dual Diagnosis

*Referring Provider	Installation	Department

*Referring Provider Non-DSN Number	Referring Provider Email

After Hours Emergency Contact Information

Emergency Contact Information

Additional Contacts			
Nurse Case Manager/Clinic Primary POC			
Phone Number		Email	
Unit Commander/First Sergeant			
Phone Number		Email	

Please select the day you need to receive Weekly Updates	M ○ TU ○ W ○ TH ○ F ○

Pending UCMJ Action		Pending MEB		Pending Admin Sep	
○ Yes	○ No	○ Yes	○ No	○ Yes	○ No

Please include any available supporting documentation

Please identify any additional contacts that will receive progress updates during the patients stay

OCONUS facilities please include country code and complete contact numbers