

APPENDIX U: PROGRESS REPORT

TREATMENT PROVIDER PROGRESS REPORT

SECTION I – IDENTIFICATION		
1. DATE OF REPORT (YYYY/MM/DD)	3. REASON FOR REPORT <input type="checkbox"/> INITIAL REPORT (COMPLETE ALL SECTIONS) <input type="checkbox"/> IN PROGRESS EVALUATION (COMPLETE SECTIONS I, III, IV) <input type="checkbox"/> DISCHARGE/RELEASE (COMPLETE SECTIONS I, III, IV)	
2. PATIENT NAME (LAST, FIRST, MI)		
SECTION II – ENROLLEMENT		
4. DATE OF ASSESSMENT/ENROLLMENT (YYYY/MM/DD)	8. PROVIDER'S COMMENTS:	
5. NAME OF FACULTY		
6. DISCHARGE DATE (YYYY/MM/DD)		
7. TREATMENT TYPE/LEVEL OF CARE: <input type="checkbox"/> EDUCATION/GROUP <input type="checkbox"/> DETOXIFICATION <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INTENSIVE OUTPATIENT <input type="checkbox"/> DAY TREATMENT <input type="checkbox"/> MEDICALLY MONITORED INPATIENT <input type="checkbox"/> MEDICALLY MANAGED INPATIENT <input type="checkbox"/> CLINICALLY MANAGED INPATIENT (NONMEDICAL) <input type="checkbox"/> OTHER: _____		
SECTION III – IN PROGRESS EVALUATION		
9. DATES OF APPOINTMENTS ATTENDED SINCE LAST PROGRESS REPORT:	12. COMMANDER'S APPRAISAL OF PERFORMANCE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
10. PROVIDER'S ASSESSMENT OF PROGRESS: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	13. COMMANDER'S APPRAISAL OF CONDUCT <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
11. PROVIDER'S TREATMENT RECOMMENDATIONS: <input type="checkbox"/> CONTINUE WITH CURRENT TREATMENT PLAN <input type="checkbox"/> TERMINATE TREATMENT SUCCESSFULLY, RETAIN <input type="checkbox"/> TERMINATE TREATMENT UNSUCCESSFULLY, DO NOT RETAIN	14. COMMANDER'S DECISION (Check One) <input type="checkbox"/> CONTINUE WITH CURRENT TREATMENT PLAN <input type="checkbox"/> TERMINATE TREATMENT SUCCESSFULLY, RETAIN <input type="checkbox"/> TERMINATE TREATMENT UNSUCCESSFULLY, DO NOT RETAIN	
SECTION IV – DISCHARGE/RELEASE FROM TREATMENT		
15. RELEASE FROM PROGRAM (Provider Only – Check One)		
<input type="checkbox"/> Program Completed Successfully <input type="checkbox"/> Patient Refuses Further Treatment <input type="checkbox"/> Termination- Alcohol/Drug Abuse Rehab Failure <input type="checkbox"/> Commander Terminated the Enrollment Against Treatment Advice <input type="checkbox"/> Termination, Misconduct – Abuse of Illegal Drugs <input type="checkbox"/> Erroneous Enrollment <input type="checkbox"/> Termination for other than Sub. Abuse Reasons <input type="checkbox"/> Other: _____		
16. PROVIDER'S SIGNATURE	17. NAME, CREDENTIAL OF CLINICAL DIRECTOR	18. CLINICAL DIRECTOR'S SIGNATURE
19. COMMANDER'S ASSESSMENT:	20. NAME, GRADE OF COMMANDER	21. COMMANDER'S SIGNATURE