

PATIENT PROGRESS REPORT (PPR) For use of this form, see DA PAM 600-85; the proponent agency is ODCSPER		REQUIREMENTS CONTROL SYMBOL CSGPA-1400			
SEE FOLLOWING PAGE FOR PRIVACY ACT STATEMENT					
SECTION I - IDENTIFICATION					
1. DATE OF REPORT (YYYYMMDD)		4. REASON FOR REPORT (Check one) <input type="checkbox"/> A. Patient PCS/Reassignment (Complete sections II and VII) <input type="checkbox"/> B. Change in Diagnosis (Complete section III) <input type="checkbox"/> C. Change Basis for Enrollment (Complete section IV) <input type="checkbox"/> D. RTF Enrollment/Discharge (Complete section V) <input type="checkbox"/> E. Progress Evaluation (Complete section VI) <input type="checkbox"/> F. Release from Program (Complete sections VI and VII)			
2. PATIENT IDENTIFICATION					
3. SERVICE AREA CODE					
SECTION II - PATIENT PCS/REASSIGNMENT					
5. GAINING SERVICE AREA FOR PCS LOSS		6. NEW PATIENT MACOM FOR PCS GAIN/ REASSIGNMENT			
SECTION III - CHANGE TO DIAGNOSIS (Physician Use Only)					
7a. PHYSICIAN DIAGNOSIS (List primary diagnosis first)		7b. DIAGNOSIS CODE			
8. TYPED NAME AND GRADE OF PHYSICIAN		9. SIGNATURE OF PHYSICIAN			
SECTION IV - ENROLLMENT					
10a. CHANGE TO BASIS FOR ENROLLMENT	10b. PRIMARY	10c. SECONDARY	10d. TERTIARY		
SECTION V - INPATIENT RTF ENROLLMENT					
11. DATE OF ADMISSION (YYYYMMDD)	12. RTF CODE	13. NAME OF FACILITY	14. DISCHARGE DATE (YYYYMMDD)		
SECTION VI - IN PROGRESS EVALUATION					
15. COUNSELOR'S ASSESSMENT OF PROGRESS <input type="checkbox"/> G. Good <input type="checkbox"/> F. Fair <input type="checkbox"/> P. Poor	16. COUNSELOR'S RECOMMENDATION (Check one) <input type="checkbox"/> A. Continue Treatment <input type="checkbox"/> B. Terminate Treatment, Retain on Active Duty <input type="checkbox"/> C. Terminate Treatment, Separate		17. COMMANDER'S APPRAISAL OF PERFORMANCE <input type="checkbox"/> S. Satisfactory <input type="checkbox"/> U. Unsatisfactory		
18. COMMANDER'S APPRAISAL OF CONDUCT <input type="checkbox"/> S. Satisfactory <input type="checkbox"/> U. Unsatisfactory	19. COMMANDER'S DECISION (Check one) <input type="checkbox"/> A. Continue Treatment <input type="checkbox"/> B. Terminate Treatment, Retain on Active Duty <input type="checkbox"/> C. Terminate Treatment, Separate				
SECTION VII - RELEASE FROM PROGRAM					
20. REASON FOR RELEASE FROM PROGRAM (Check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> A. Program Completed, Returned to Duty <input type="checkbox"/> B. Completion of Tour of Duty/Leaving Active Federal Service <input type="checkbox"/> C. Separation/Termination as an Alcohol/Drug Abuse Rehab <input type="checkbox"/> D. Separation/Termination, Misconduct - Abuse of Illegal Drugs <input type="checkbox"/> E. Separation/Termination for Other than Alcohol/Drug Reasons </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> F. Patient Refuses Further Treatment <input type="checkbox"/> G. Commander Terminated the Enrollment Against Medical Advice <input type="checkbox"/> H. Erroneous Enrollment <input type="checkbox"/> X. Other (USAF/NAVY PCSing, death confinement, etc.) </td> </tr> </table>				<input type="checkbox"/> A. Program Completed, Returned to Duty <input type="checkbox"/> B. Completion of Tour of Duty/Leaving Active Federal Service <input type="checkbox"/> C. Separation/Termination as an Alcohol/Drug Abuse Rehab <input type="checkbox"/> D. Separation/Termination, Misconduct - Abuse of Illegal Drugs <input type="checkbox"/> E. Separation/Termination for Other than Alcohol/Drug Reasons	<input type="checkbox"/> F. Patient Refuses Further Treatment <input type="checkbox"/> G. Commander Terminated the Enrollment Against Medical Advice <input type="checkbox"/> H. Erroneous Enrollment <input type="checkbox"/> X. Other (USAF/NAVY PCSing, death confinement, etc.)
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21. COMMANDER'S ASSESSMENT <input type="checkbox"/> S. Success <input type="checkbox"/> F. Failure	22. NAME, GRADE OF COMMANDER	23. SIGNATURE OF COMMANDER			
24. SIGNATURE OF COUNSELOR	25. NAME, GRADE OF CLINICAL DIRECTOR	26. SIGNATURE OF CLINICAL DIRECTOR			

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; 42 USC Section 290dd; Army Regulation 600-85, Army Substance Abuse Program (ASAP); and E.O. 9397

PRINCIPAL PURPOSE: To ensure continuity of care to client enrolled in the ASAP.

ROUTINE USES: The Patient Administration Division at the medical treatment facility with jurisdiction is responsible for the release of medical information to malpractice insurers in event of malpractice litigation or prospect thereof. Information is disclosed only to the following persons/agencies: to health care components of the Department of Veterans Affairs furnishing health care to veterans; to medical personnel to the extent necessary to meet a bonafide medical emergency; to qualified personnel conducting scientific research, audits or program evaluations, provided that a patient may not be identified in such reports, or his or her identity further disclosed by such personnel; upon the order of a court of competent jurisdiction.

DISCLOSURE: Mandatory for active duty serviced members. Failure to provide required information may be subject to appropriate disciplinary action under the UCMJ. Voluntary for civilian employees. However, failure to provide all the requested information will prohibit processing comprehensive treatment.