

ASAP OUTPATIENT ADMINISTRATIVE SUMMARY

For use of this form, see AR 40-66; the proponent agency is OTSG

EVENT	DATE (YYYYMMDD)	EVENT	DATE (YYYYMMDD)
Referral		1st CPR	
Reason: Alcohol Drugs		2nd CPR	
Type: CDR Self A/I Bio MED		3rd CPR	
Screening		4th CPR	
Enrollment: Education/Outpatient/Inpatient/ None		Change of Track	
Administrative Review		Synopsis Letter	
Quality Assurance Review		Discharge Summary	
Consent Form Signed		Disenrollment	

BIOCHEMICAL TESTING

Recommended Urinalysis Testing _____ x month. ADC notified on _____

DATE (YYYYMMDD)	CODE	PRE- SCREEN	LAB RESULTS	DATE (YYYYMMDD)	CODE	PRE- SCREEN	LAB RESULTS

PATIENT IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):*

[illegible]

Type Code			
S = Screening	I = Individual	G = Group	F = Family
D = CMD Consult	R = RTM	T = Testing	M = MFR
A = Clinical Audit	C = Collateral		

ADDITIONAL CLINICAL TREATMENT	

EVENT	DATE (YYYYMMDD)	EVENT	DATE (YYYYMMDD)
Drug & Alcohol Education		Inpatient	
Medical Evaluation		Antabuse	
Detox		Case Staffing	