

ASAP OUTPATIENT AFTERCARE PLAN

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

1. Date (YYYYMMDD)

2. Rehabilitation status at time of discharge *(including current alcohol/other drug use).*

3. Summarize clinical responsibilities for aftercare, to include ensuring that patient has received information on relapse prevention and that reentry into the home/work environment has been addressed.

4. Recommended services for aftercare, to include medications. *(Note: Should include support groups, sponsors, significant others and unit/organization responsibilities for aftercare.)*

5. I have read the aftercare plan and have the following comments:

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

6. Patient's Signature

7. Date Signed (YYYYMMDD)