

**MARYLAND NATIONAL GUARD
PTO REFERRAL QUESTIONNAIRE & TRACKING**

SECTION I – DEMOGRAPHICAL INFORMATION

1. DATE OF INTAKE (YYYYMMDD)	13. DATE OF INITIAL REFERRAL (YYYYMMDD)
2. NAME (LAST, FIRST, MI)	14. ADDRESS, CITY, STATE, ZIP
3. RANK	15. YEARS OF SERVICE ACTIVE DUTY _____ M-DAY/TRADITIONAL _____
4. DOB	16. DEPLOYED NO YES IF YES, # OF YEARS: _____
5. AGE	IF YES, WHERE & WHEN
6. TELEPHONE	17. UNIT IDENTIFICATION CODE / WING IDENTIFICATION
7. EMAIL ADDRESS	18. CURRENT STATUS M-DAY/TRAD ADOS AGR VETERAN TECHNICIAN
8. MARITAL STATUS SINGLE DIVORCED MARRIED SEPARATED	19. HOW DID YOU LEARN ABOUT PTO? PAMPHLET STATIC DISPLAY PREVENTION TRAINING BRIEFING SEPARATED OTHER:
9. EMPLOYMENT STATUS FULL TIME PART TIME UNEMPLOYED	20. REFERRAL IDENTIFICATION TYPE SELF COMMAND DRUG TESTING MEDICAL ALCOHOL INVESTIGATION/APPREHENSION
10. BRANCH OF SERVICE ARNG ANG OTHER – SPECIFY:	21. DO YOU HAVE HEALTH INSURANCE NO YES
11. MOS/AFSC	22. NAME AND TELEPHONE OF COMMANDER
12. ARE YOU IN A MANDATORY DRUG TESTING GROUP? NO YES IF YES, SPECIFY:	23. DATE OF COMMANDER'S COUNSELING (YYYY/MM/DD) <i>* Initial assessment must be completed within 30 days of the counseling</i>

SECTION II – AREAS OF NEED AND REFERRAL INFORMATION

24. INDICATE PRIMARY, SECONDARY, AND TERTIARY USE THC (MARIJUANA) ALCOHOL COCAINE PCP CODEINE/MORPHINE LSD AMPHETAMINES (INCLUDING METH) OTHER, SPECIFY:	25. OTHER PRESENTING CONCERNS CHILD CARE EDUCATION EMERGENCY EMPLOYMENT FINANCIAL FAMILY HEALTH CARE HOUSING LEGAL MENTAL HEALTH RECOVERY SUPPORT SPECIAL NEEDS TRANSPORTATION VETERAN SERVICES OTHER IF OTHER, LIST:
26. DID YOU TEST POSITIVE ON A UA? NO YES IF YES, WHICH DRUG:	29. AGENCY REFERRED & PHONE:
27. HOURS AVAILABLE FOR REHABILITATION:	30. AGENCY CONTACT:
28. HAVE YOU SIGNED A RELEASE OF CONFIDENTIAL INFORMATION WITH YOUR COMMANDER? NO YES IF YES, DATE:	31. DATE OF INITIAL APPT. (YYYYMMDD) AND WITH WHOM

SECTION III – REFERRAL TRACKING

32. DID THE SERVICEMEMBER COMPLETE THE INITIAL ASSESSMENT WITHIN 3- DAYS OF COUNSELING?

YES NO IF NO, REASON:
ACTUAL DATE COMPLETED:

33. DID THE PC OBTAIN A PROGRESS REPORT FROM THE PROVIDER AFTER THE INITIAL ASSESSMENT?

NO YES IF YES, DATE:

34. DOES THE INITIAL PROGRESS REPORT INDICATE A TREATMENT PLAN?

NO YES

35. DID THE PC OBTAIN A PROGRESS REPORT 30 DAYS POST REFERRAL?

NO YES IF YES, SELECT ONE ITEM BELOW
CONTINUE WITH CURRENT TREATMENT PLAN
NON-COMPLIANT
SUCCESSFULLY COMPLETED
REHABILITATION FAILURE

COMMENTS:

HAS THE CDR BEEN UPDATED?

NO YES

36. DID THE PC OBTAIN A PROGRESS REPORT 60 DAYS POST REFERRAL?

NO YES IF YES, SELECT ONE ITEM BELOW
CONTINUE WITH CURRENT TREATMENT PLAN
NON-COMPLIANT
SUCCESSFULLY COMPLETED
REHABILITATION FAILURE

COMMENTS:

HAS THE CDR BEEN UPDATED?

NO YES

37. DID THE PC OBTAIN A PROGRESS REPORT 90 DAYS POST REFERRAL?

NO YES IF YES, SELECT ONE ITEM BELOW
CONTINUE WITH CURRENT TREATMENT PLAN
NON-COMPLIANT
SUCCESSFULLY COMPLETED
REHABILITATION FAILURE

COMMENTS:

HAS THE CDR BEEN UPDATED?

NO YES

38. DID THE PC OBTAIN A PROGRESS REPORT 120 DAYS POST REFERRAL?

NO YES IF YES, SELECT ON ITEM BELOW
CONTINUE WITH CURRENT TREATMENT PLAN
NON-COMPLIANT
SUCCESSFULLY COMPLETED
REHABILITATION FAILURE

COMMENTS:

HAS THE CDR BEEN UPDATED?

NO YES

39. DID THE PC OBTAIN A PROGRESS REPORT 180 DAYS POST REFERRAL?

NO YES IF YES, SELECT ONE ITEM BELOW
CONTINUE WITH CURRENT TREATMENT PLAN
NON-COMPLIANT
SUCCESSFULLY COMPLETED
REHABILITATION FAILURE

COMMENTS:

HAS THE CDR BEEN UPDATED?

NO YES

SECTION IV – COMPLETION STATUS

40. COMPLETION STATUS

PROGRAM COMPLETED SUCCESSFULLY
TERMINATED – ALCOHOL/DRUG ABUSE REHAB FAILURE
TERMINATED – MISCONDUCT – ABUSE OF ILLEGAL DRUGS
TERMINATED – OTHER THAN SUBSTANCE ABUSE REASONS

PATIENT REFUSES FURTHER TREATMENT
CDR TERMINATED ENROLLMENT AGAINST TREATMENT ADVISE
ERRONEOUS ENROLLMENT
OTHER:

ABBREVIATIONS USED IN THIS DOCUMENT

ADOS – ACTIVE DUTY FOR OPERATIONAL SUPPORT

AGR – ACTIVE GUARD AND RESERVE

ANG – AIR NATIONAL GUARD

ARNG – ARMY NATIONAL GUARD

CDR – COMMANDER

PC – PROGRAM COORDINATOR