

**PATIENT PROGRESS REPORT (PPR)**

For use of this form, see AR 600-85; the proponent agency is ODCSPER

REQUIREMENTS CONTROL  
SYMBOL CSGPA-1400

**SEE REVERSE SIDE FOR PRIVACY ACT STATEMENT**

**SECTION I - IDENTIFICATION**

1. DATE OF REPORT (YY, MM, DD)	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  _ _ _
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**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
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**SECTION V - INPATIENT RTF ENROLLMENT**

11. DATE OF ADMISSION (YY, MM, DD)	12. RTF CODE	13. NAME OF FACILITY	14. DISCHARGE DATE (YY, MM, DD)
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**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	17. COMMANDER'S APPRAISAL OF PERFORMANCE <input type="checkbox"/> S. Satisfactory <input type="checkbox"/> U. Unsatisfactory	19. COMMANDER'S DECISION (check one)
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	18. COMMANDER'S APPRAISAL OF CONDUCT <input type="checkbox"/> S. Satisfactory <input type="checkbox"/> U. Unsatisfactory	<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) <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 a Alcohol/Drug Abuse Rehab Failure <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

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title V, Public Law 92-129; Section 413, Public Law 92-255.

### PRINCIPAL PURPOSES:

- A. To provide necessary information to evaluate the existence of and, if appropriate, the nature and extent of the client's alcohol and other drug problem.
- B. To provide baseline information for monitoring the client's progress during rehabilitation in the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP).
- C. To ensure continuity of care of client enrolled in ADAPCP rehabilitation.
- D. As part of the Active Duty service member's medical record, to provide information to military physicians in diagnosing other medical problems and prescribing medication.
- E. To provide statistical information for program evaluation.

### ROUTINE USES.

- A. Active Duty service members. Release of any information from this form is subject to the restrictions of 21 USC 1175 as amended by 88 Stat 137; 42 USC 4582 amended by 88 Stat 131; and Chapter 1, Title 42, Code of Federal Regulations. Under these statutes and regulations, disclosure of information that would identify the client as an abuser of alcohol or other drugs is authorized within the Armed Forces or to those components of the Veterans Administration furnishing health care to veterans. AR 600-85 further limits disclosure within the Armed Forces to those individuals having an official need to know (for example, the physician or the client's unit commander). All other disclosures require the written consent of the client except disclosures (1) to medical personnel outside the Armed Forces to the extent necessary to meet a bona fide medical emergency; (2) to qualified personnel conducting scientific research, management, or financial audits or program evaluation or, (3) upon the order of a court of competent jurisdiction.
- B. Civilian employees and other personnel. Release of any information from this form is subject to the restrictions of 21 USC 1175 as amended by 88 Stat 137; 42 USC 4582 as amended by 88 Stat 131; Chapter 1, Title 42, Code of Federal Regulations. All disclosures require the written consent of the client except disclosures (1) to medical personnel, to the extent necessary to meet a bona fide medical emergency; (2) to qualified personnel conducting scientific research, managements, or financial audits or program evaluation, or (3) upon the order of a court of competent jurisdiction.
- C. Studies. Information from this form is forwarded the US Army Drug and Alcohol Operations Agency (USADAOA) for statistical analysis, Army-wide program evaluation, trend data and gross data for research purposes.

### MANDATORY/VOLUNTARY DISCLOSURE AND EFFECT ON AN INDIVIDUAL NOT PROVIDING INFORMATION

- A. Disclosure is mandatory for Active Duty service members. Failure to obey order from competent authority to provide required information may be subject to appropriate disciplinary action under the UCMJ.
- B. Disclosure is voluntary for civilian employees and other personnel. The failure to disclose this information will result in a reduced capability of the program to provide proper treatment and services.