



DEPARTMENT OF THE AIR FORCE  
AIR EDUCATION AND TRAINING COMMAND

*put on file?*

22 January, 2007

MEMORANDUM FOR MENTAL HEALTH NETWORK PROVIDERS

FROM: Life Skills Support Center  
300 S. Twining Street, Bldg 760  
Maxwell AFB, AL 36112-6219

SUBJECT: New Active Duty Patient Referral Information Sheet

1. Enclosed is the new Active Duty Patient Referral Information Sheet, it has been updated with added information that is need to keep tract of the military members.
2. New items being address are how often the patient is being seen, and the first and last dates of service. This is important in order to adequately maintain our records.
3. When filling in the diagnostic Axes I-V, please be sure to include written description along with the numerical codes in order to save administrative time.
4. If you feel that a patient needs to be put on duty limitations then please call a provider here at Life Skills. When putting a patient on limitations this may affect their military deployment status. A profile will need to be generated by us limiting that member from certain military duties and this is reported to their commander and can affect the readiness of a unit for deployment.
5. A new sheet will need to be filled out at the initial contact, then at every 4<sup>th</sup> visit till the termination of care or every 3 months which ever comes first. Please make multiple copies of these forms and use them with any active duty member.
6. If a patient is seeing a counselor and a psychiatrist, then either they both can fill out separate sheets or if the psychiatrist agrees with the same diagnosis as the counselor then he can co-sign the counselor's sheet. Please add any medications that the patient may be on to the sheet and fill out the sheets completely.
6. If there are any questions please feel free to contact myself or my assistant Katherine Calzone R.N. CLNC at 334-953-5430.

A handwritten signature in black ink, appearing to read "JR", written over a light blue circular stamp.

John F. Rians, Maj, USAF, MC  
Psychiatrist,  
Life Skills Element Leader

# ACTIVE DUTY PATIENT REFERRAL INFORMATION

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ Session Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Initial Evaluation: Yes No

How often is Patient Seen: Weekly Bi-Monthly Monthly Other: \_\_\_\_\_

Diagnosis:

Axis I: \_\_\_\_\_ Indication of Alcohol Abuse: Yes No

Axis II: \_\_\_\_\_ Suspected Spouse/Child Abuse: Yes No

Axis III: \_\_\_\_\_ Risk Assessment:

Axis IV: \_\_\_\_\_ Suicide: None Low Moderate High

Axis V: \_\_\_\_\_ Homicide: None Low Moderate High

Current Treatment Regimen:

Recommended Duty Limitations:

Weapons Temporary Duty Deployment Military Relocation Security Clearance Flying

Other (specify): \_\_\_\_\_

Prognosis: Excellent Good Fair Guarded Poor Other: \_\_\_\_\_

How long do you anticipate this patient will need treatment for the current condition?

0-3 Months 3-6 Months 6-9 Months 9-12 Months 12 + Months

How long do you anticipate this patient will need continued specialty care by a psychiatrist (e.g. when, if ever, can this patient be followed by a Family Practice Physician)?

Never 0-3 Months 3-6 Months 6-9 Months 9-12 Months 12 + Months

Can this individual be deployed to a War Zone? Yes No Is Treatment Complete Yes No

If treatment is complete list: First date of service \_\_\_\_\_ Last date of service \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Printed Name and Title: \_\_\_\_\_