



# ALCOHOLISM REHABILITATION CENTER REPORT

*(Use reverse for Remarks)*

MONTH AND YEAR

REPORT CONTROL SYMBOL

| SUMMARY   | OFFICERS   |   | AIRMEN |   | ACTIVE DUTY OTHER |   | DEPENDENTS AND AUTH CIVILIANS |   | RETIRED |   | TOTAL |   | GRAND TOTAL |
|---|------------|---|--------|---|-------------------|---|-------------------------------|---|---------|---|-------|---|-------------|
|   | ADMISSIONS | M | F      | M | F                 | M | F                             | M | F       | M | F     | M |             |
| 1. NUMBER IN TREATMENT AT START OF MONTH  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| 2. NUMBER OF NEW ADMISSIONS FOR THE MONTH FROM FOLLOWING SOURCE:  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| A. FIRST ADMISSIONS   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| B. REPEAT ADMISSIONS  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| TOTAL NEW ADMISSIONS FOR THE MONTH  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| 3. TOTAL NO. IN TREATMENT AT START OF MONTH AND NEW ADMISSIONS <i>(Item 1 plus 2)</i>   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| 4. NUMBER EXITING PROGRAM   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| 5. NUMBER REMAINING AT END OF MONTH <i>(Item 3 minus Item 4)</i>  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| 6. DIAGNOSIS OF PATIENTS FOR THE MONTH FOR:   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| A. ALCOHOL ABUSE <i>(DSM III 305.OX)</i>  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| B. ALCOHOL DEPENDENCE <i>(DSM III 303.9X)</i>   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| C. OTHER AND UNSPECIFIED ALCOHOLISM   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| TOTAL DIAGNOSES <i>(MUST EQUAL GRAND TOTAL IN ITEM 2)</i>   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| 7. DISPOSITIONS   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| A. COMPLETED PROGRAM AND RETURNED TO DUTY OR HOME   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| B. COMPLETED PROGRAM AND RECOMMENDED FOR MEDICAL SEPARATION   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| C. FAILED TO COMPLETE PROGRAM AND RETURNED TO DUTY OR HOME  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| D. FAILED TO COMPLETE PROGRAM AND RECOMMENDED FOR SEPARATION  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| E. OTHER <i>(Specify)</i>   |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| TOTAL DISPOSITIONS <i>(MUST EQUAL TOTAL IN ITEM 4)</i>  |            |   |        |   |                   |   |                               |   |         |   |       |   |             |
| TOTAL NUMBER OF PATIENTS SCHEDULED FOR FUTURE ENTRY INTO THE ALCOHOLISM REHABILITATION CENTER PROGRAM AS OF THE END OF THIS REPORTING MONTH |            |   |        |   |                   |   |                               |   |         |   |       |   |             |

REMARKS

|                                |           |      |
|--------------------------------|-----------|------|
| TYPED NAME OF PROGRAM DIRECTOR | SIGNATURE | DATE |
|--------------------------------|-----------|------|