**IDDT RECOMMENDATION FOLLOW-UP**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IDDT Meeting Date: | | |  | | | | | Case # | |  | | |
|  | | |  | | |  | | | | |  | |
| Individual Name: |  | | | | | | | | | | | |
|  | | |  | | |  | | | | |  | |
| CSM/Therapist (Primary Case Holder): | | | | |  | | | | | | | |
|  | | |  | | |  | | | | | |  |
| Contact Number: |  | | | | | |  | | | | |  |
|  |  | | | | | |  | | | | | |
| MH Recommendations: | | | |  | | | | | | | | |
|  | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| SA Recommendations: | | | |  | | | | | | | | |
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|  | |  | | | | | | |  | | | |

(Forward to Primary Case Holder)

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**Primary Case Holder:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date individual advised of recommendations: | | |  | | | | |
|  | | | | |  | | |
| Individual (agreed ☐ / disagreed ☐ ) with recommendations. | | | | | | | |
|  | | | | |  | | |
| Date Plan Amended or N/A: | |  | |  | | | |
|  |  | | |  | | | |
| CSM/Therapist Signature: | |  | | | | Date: |  |
|  |  | | |  | | | |
| Individual Signature: |  | | | | | Date: |  |

(Forward to IDDT Team Leader)

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**IDDT Team Leader:**

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| --- | --- | --- | --- | --- | --- | --- |
| Follow-up Date: |  | | |  | | |
|  |  | | |  | | |
| Date to Start Group(s): | |  | ⁭ | | Substance Abuse Group |
|  | |  |  | |  |
|  | |  | ⁭ | | Other: |
|  | |  |  | |  |
|  | |  |  | | Other: |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |