**IDDT RECOMMENDATION FOLLOW-UP**

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

(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:**

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

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