BP-A0549
JUN 10

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TREATMENT SUMMARY AND REFERRAL
DRUG ABUSE TREATMENT PROGRAM

TO: (Check all that apply)

_____ Community Corrections Manager

_____ Transitional Services Manager

_____ United States Probation Officer

_____ Institution Drug Abuse Treatment Coordinator

_____ Community Treatment Provider

RE:

Name	Register No.

Release Status: (Check only one)

_____ BOP/General Population

_____ BOP/CCC Placement

_____ Supervised Release

_____ Parole

_____ No Criminal justice hold

TREATMENT SUMMARY NARRATIVE:

(Include course of treatment to date, initial and ongoing assessment findings, response to treatment, progress in treatment, strengths and weaknesses)

RECOMMENDATIONS FOR FURTHER TREATMENT:
(Include or attach the inmate's relapse prevention plan)

Completed by	Title
Institution	Date
Coordinator's Signature	