PRE-TRANSITION CHECKLIST

G=Green **A**=Amber **R**=Red (Circle One for each interval)

Status (Circle One): Return to AD / REFRAD / REFRAD to USAR or NG / Med D/C / Transfer / Other: _____

	90 Day **Date: G / A / R**	**60 Day** **Date: G / A / R**	**30 Day** **Date: G / A / R**	**7 Day** **Date: G / A / R**	**Additional Notes**
Risk	High / Mod / Low	High / Mod / Low	High / Mod / Low	High / Mod / Low	
HEALTH CARE (Including Physical & Occupational Therapy, Pain, Sleep, Nutrition)	Type Appt/Date: Appt/Date: Appt/Date: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
MENTAL HEALTH (Individual, Marital, substance, etc.)	Type Appt/Date: Appt/Date: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
MEDICATION	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
FAMILY/CAREGIVER (Children/Home)	Needs:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
FINANCIAL	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
HOUSING	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
EMPLOYMENT	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
EDUCATIONAL	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
REHABILITATION	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
Veterans Administration/ Community/Support	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
COMMAND (C2)/Out-process/Unit Reception	Plan In Place: Y / N Needs: N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	
OTHER: (Spiritual/ Cultural/Nutritional/ Interests/Legal, etc).	N/A	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	Completed: Y / N Continue: Y / N Add:	

SM Name: _____ **SM Signature:** _____ **Date:** _____

SM SSN: _____ **PCM Signature:** _____ **Date:** _____