

Personal Information	
Name	
Address	
Phone	
Email	
DOB/PI	
Diagnosis	

Medical Information		
Current Medications & Dosage:	Side Effects:	
Treating Physician Narrative:		
History		
Current Status		
Labwork		
Additional Information		
Treatment		
Inpatient Documentation	Entry History & Physical with Diagnosis	
	Psychiatric Evaluation	
	Clinical Notes	
	Psychiatric Profile	
	Laboratory studies (blood, urine, drug & alcohol test)	
	Discharge Summary with diagnosis and treatment plan	
	Aftercare contract	
After Care Documentation	DMV Reports/Court Records	
	Outpatient Therapy Notes	
	Monthly reports from group leader	
AA		
Sponsor summary letter addressing meetings, step work, compliance, recommendation		
90/90 log sheets		
Special Issuance letter if under SI for other condition		

Sponsors

Peer Monitor letter addressing meetings, step work, compliance, recommendation	
Company/Chief Pilot Letter	
Contract with Dr. Faulkner	