EXAMPLE MEDICAL LETTER OF STABILITY (LOS)

Requirements for acceptable Letter of Stability should include the following:

(ON PROVIDER LETTERHEAD STATIONERY)

Make sure that the Provider's mailing and email address and telephone number are on the form.

DATE FORM COMPLETED

FIRST PARAGRAPH:

MEDICATIONS: Include detailed history of medication(s) use. Include specific dosages, length of use on current dosages, frequency of use with prn medications, need for monitoring (labs, EKG, etc.), ability to function without (if lost). If sedatives/sleep medication, include effects of daytime performance and ability to arouse self from sleep in case of emergency.

SECOND PARAGRAPH:

COURSE OF DIAGNOSIS: Include history of stability, relapses, lethality, and response to stressors/ major changes/deployments.

THIRD PARAGRAPH:

COURSE OF TREATMENT: Include treatment from initial diagnosis to present day. Include therapy, medications, level of treatment required (i.e. inpatient vs. outpatient), compliance, response, recent changes/additions (<90 days), ongoing treatment required, success of treatment, and length of stability with/without treatment.

FOURTH PARAGRAPH:

PROGNOSIS: Include statement on prognosis based on total medical picture and how they will respond to an austere environment. Include how they will be affected by deployment-related stressors (i.e. sleep deprivation, heat, exposure to trauma, and Separation from support systems), and you won't need to follow-up with them until after your deployment.

PROVIDER INFORMATION BLOCK:

Provider's Signature

Include Printed Name of Provider with credentials (ANP, etc…) and NPI#

[redacted]

FT BLISS SRPC Case Management OIC
POC for this document: [redacted]