

ADC WEEKLY PROGRESS REPORT

AGENCY NAME: _____

TREATMENT MODALITY:
(circle) WM Res IOT ODF

Client Name: _____

Admission Date: ___ / ___ / ___

Reporting Period: ___ / ___ / ___ to ___ / ___ / ___

Admitted in WITs (circle):

YES

NO

Stable Housing (circle):

YES

NO

CLIENT PROGRESS

(Report on Current Time Period Only)

Number of Treatment Sessions Attended: ___ of ___ scheduled sessions

Number of Absences: ___ Excused ___ Unexcused

Number of UA's: ___ Positive: ___ Negative ___

For Positive UA's Only: List Dates and Drug(s) Positive for:

Progress in Treatment *(Please explain the rating)*

___ Excellent: _____

___ Good: _____

___ Fair: _____

___ Poor: _____

___ Risks Tx Termination: _____

Additional Comments:

In addition to scheduled A & D Treatment, client is attending/participating in:

___ 12-Step Mtgs. ___ Vocational Training

___ Recovery Coaching ___ Employment

___ Other: _____

Primary Counselor: _____ Date: _____

Email form to jhall@marincounty.org