

# CLIENT FOLLOW-UP FORM

Name:				Account #:			
Program #				Facility			

## Follow Up

Follow Up Type  Six Month  One Year

4. Follow Up Date (mmddyyyy) 

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6. Is former client accessible?  Yes  No

7. Living Arrangements (check one)  
 Homeless  Dependent Living  Independent

8. Employment Status at Follow-Up (check one)  
 Employed Full Time  Employed Part Time  Public Assistance Benefits Depleted  
 Unemployed  Not in Labor Force

9. Detailed Not In Labor Force (check one)  
 Homemaker  Student  Retired  
 Disabled  Inmate  Other

10. Frequency of Use ( <b>6 Month</b> : check one) <input type="checkbox"/> No Use Since Treatment <input type="checkbox"/> No Use During <b>Month</b> Prior to Follow Up <input type="checkbox"/> Used During <b>Month</b> Prior to Follow Up	Frequency of Use ( <b>1 Year</b> : check one) <input type="checkbox"/> No Use Since Treatment <input type="checkbox"/> No Use During <b>6 Months</b> Prior to Follow Up <input type="checkbox"/> Used During <b>6 Months</b> Prior to Follow Up
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11a. Has the client participated in a self-help group, support group (e.g., AA, NA, etc.) in the last 30 days?  Yes  No

11b. Attendance in the last 30 days?  None  1-3 times in past month  4-7 times in past month  
 8-15 times in past month  16-30 times in past month  Some

### 12. Effectiveness Indicators

a. How many times has client been arrested since discharge? 

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 Number of arrests in the last 30 days? 

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b. Has had a parole / probation violation:  Yes  No  
 c. Has had a DUI arrest:  Yes  No  
 d. Has been readmitted to a treatment program:  Yes  No

Comments:

## FOLLOW-UP ASSESSMENT

A FOLLOW-UP ASSESSMENT has been completed for this client.