

CLIENT FOLLOW-UP FORM

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Name:	Account #:												
Program #										Facility			

Follow Up																
Follow Up Type		<input type="checkbox"/> Six Month			<input type="checkbox"/> One Year											
4.	Follow Up Date (mmddyyyy)															
6.	Is former client accessible?		<input type="checkbox"/> Yes			<input type="checkbox"/> No										
7.	Living Arrangements (check one)															
	<input type="checkbox"/> Homeless		<input type="checkbox"/> Dependent Living		<input type="checkbox"/> Independent											
8.	Employment Status at Follow-Up (check one)															
	<input type="checkbox"/> Employed Full Time		<input type="checkbox"/> Employed Part Time		<input type="checkbox"/> Public Assistance Benefits											
	<input type="checkbox"/> Unemployed		<input type="checkbox"/> Not in Labor Force		<input type="checkbox"/> Depleted											
9.	Detailed Not In Labor Force (check one)															
	<input type="checkbox"/> Homemaker		<input type="checkbox"/> Student		<input type="checkbox"/> Retired											
	<input type="checkbox"/> Disabled		<input type="checkbox"/> Inmate		<input type="checkbox"/> Other											
10.	Frequency of Use (6 Month : check one)				Frequency of Use (1 Year : check one)											
	<input type="checkbox"/> No Use Since Treatment		<input type="checkbox"/> No Use Since Treatment		<input type="checkbox"/> No Use Since Treatment											
	<input type="checkbox"/> No Use During Month Prior to Follow Up		<input type="checkbox"/> No Use During 6 Months Prior to Follow Up		<input type="checkbox"/> No Use During 6 Months Prior to Follow Up											
	<input type="checkbox"/> Used During Month Prior to Follow Up		<input type="checkbox"/> Used During 6 Months Prior to Follow Up		<input type="checkbox"/> Used During 6 Months Prior to Follow Up											
11a.	Has the client participated in a self-help group, support group (e.g., AA, NA, etc.) in the last 30 days?										<input type="checkbox"/> Yes	<input type="checkbox"/> No				
11b.	Attendance in the last 30 days?										<input type="checkbox"/> None	<input type="checkbox"/> 1-3 times in past month	<input type="checkbox"/> 4-7 times in past month	<input type="checkbox"/> Some		
	<input type="checkbox"/> 8-15 times in past month		<input type="checkbox"/> 16-30 times in past month													
12.	Effectiveness Indicators															
a.	How many times has client been arrested since discharge?															
	Number of arrests in the last 30 days?															
b.	Has had a parole / probation violation:												<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c.	Has had a DUI arrest:												<input type="checkbox"/> Yes	<input type="checkbox"/> No		
d.	Has been readmitted to a treatment program:												<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Comments:																
FOLLOW-UP ASSESSMENT																
<input type="checkbox"/> A FOLLOW-UP ASSESSMENT has been completed for this client.																