

CLIENT FOLLOW-UP FORM

Page 1 of 1

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 Depleted <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force									
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) <input type="checkbox"/> No Use Since Treatment <input type="checkbox"/> No Use During Month Prior to Follow Up <input type="checkbox"/> Used During Month Prior to Follow Up					Frequency of Use (1 Year : check one) <input type="checkbox"/> No Use Since Treatment <input type="checkbox"/> No Use 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"/> 8-15 times in past month <input type="checkbox"/> 16-30 times in past month <input type="checkbox"/> Some									
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.									