

ADDICTION CHECK-LIST

DIAGNOSIS: _____

 1. A.A.T. DATE (initial Assessment) _____ 2. I.A.F. (INTERDISCIPLINARY ASSESSMENT FORM) _____ / _____ / _____ 3. PROGRAM HANDBOOK REVIEWED _____ / _____ / _____ 4. CONSENT FOR THE RELEASE OF INFORMATION _____ / _____ / _____ 5. DATE OF ADMISSION (1st TX Session - Individual/Group) _____ / _____ / _____ 6. SAMIS FORM COMPLETED _____ / _____ / _____ 7. ASI DATE _____ / _____ / _____ 8. ITP DATE _____ 9. ITP REVIEW TARGET DATE (30, 60, 90 DAYS) _____ / _____ / _____ 10. AFTERCARE PLAN _____ 11. SAMIS and DISCHARGE SUMMARY (Actual Date Client completes program or a no-show for 30 days) _____ / _____ / _____ 12. CONFIDENTIALITY _____ 13. TB SCREENING _____ / _____ / _____ 14. C.A.G.E. ASSESSMENT _____ / _____ / _____

CLIENT LAST NAME: _____

FIRST: _____

HCH#: _____