

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 (mmdyyy)							
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)				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 During Month 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			
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.							