



AFTERCARE/CONTINUING CARE REPORT

OhioPHP Participant Name: _____

Enrolled in Outpatient Continuing Care for a minimum of: 26 Sessions 52 Sessions 104 Sessions Other

Please provide a progress report on above client:

	GOOD	FAIR	POOR
1. Arrives at scheduled sessions on time and/or notifies staff of absences on a timely basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Actively participates in group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Opens up with peers and staff about severity of addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appears motivated/asks for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gives and receives feedback appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attends AA/NA/CA self-help meetings weekly (minimum of _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Establishing/maintaining sponsor and home group relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall progress in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall physical appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall emotional wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the number of aftercare/continuing care sessions completed to date: _____

Comments:

Contact and Aftercare/Continuing Care Facility Information

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Name (please print): _____

Signature: _____ Date: _____