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| --- | --- | --- |
| Offender # | Individual’s Name: | Date:  |
| Click to enter text. | Click to enter text. | Click to enter a date. |
| Supervising Agent: | Email: | Telephone: |
| Click to enter text. | Click to enter text. | Click to enter text. |
| Supervisor: | Email: | Telephone: |
| Click to enter text. | Click to enter text. | Click to enter text. |
|  |
| Date of Report: | Click to enter a date. | Admit Date: | Click to enter a date. |
| (RESIDENTIAL ONLY) Projected Discharge Date: | Click enter a date. |
| During the month of Click to enter a date. the offender has/had the following appointments: |
| [ ]  INDIVIDUAL THERAPY | [ ]  PEER RECOVERY COACH |
| [ ]  CASE MANAGEMENT | [ ]  GROUP |
| [ ]  PSYCHIATRIST  | [ ]  OTHER (Primary Care visit, MAT Provider, Specialist, etc.) |
| IF OTHER SELECTED PLEASE EXPLAIN: | Click or tap here to enter text. |
| The individual cancelled appointments on:  | Click to enter a date., Click to enter a date., Click to enter a date.,  |
| The individual missed appointments on: | Click to enter a date., Click to enter a date., Click to enter a date.,  |
| The provider cancelled appointments on:  | Click to enter a date., Click to enter a date., Click to enter a date.,  |
| The individual has participated: | [ ] [ ] [ ] [ ]   | Not at allMinimallyFluctuates between participation and not participatingConsistently participating |
| The individual has been drug tested: | Date: | Click to enter a date. | Results: | Choose an item. |
| Date: | Click to enter a date. | Results: | Choose an item. |

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| Progress during treatment. Discuss treatment plan, progress towards goals, things they are doing well with, things they are struggling with and any suggested treatment recommendations: |
|  |
| Any changes of Medications associated with Medication Assisted Treatment: |
|  |
| Providers Name: | Click to enter text. | Email: | Click to enter text. |
| Phone Number: | Click to enter text. |  |