

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#: _____