

713 S. Pear Orchard Rd.
Plaza II, Suite 300
Ridgeland, MS 39157
T: (601) 957-6300
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MISSISSIPPI

Board of Nursing



COMPLIANCE DIVISION AFTERCARE / INTENSIVE OUTPATIENT REPORT

The following is an example of information that is to be included in the Aftercare/Intensive Outpatient Report.

Name of Agency: _____

Name of Participant: _____

For the Month Of: _____

Date Entered Program: _____ Time in Program: _____

ATTENDANCE:

Client has attended ____ of ____ scheduled sessions.

Number of absences ____

Client had prior approval for absence: ____ Yes ____ No.

Sessions made up: _____.

Reason for non-attendance: _____

Client has been on time for sessions: ____ Yes ____ No.

Number of times tardy: _____.

Reason for tardiness: _____

PROGRESS:	Poor	Fair	Good	Excellent
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Participation in groups	___	___	___	___
Recognition of disease in self	___	___	___	___
Accepting responsibility for self	___	___	___	___
Operating on a feeling level	___	___	___	___
Able to give feedback to others	___	___	___	___
Completion of 4 th and 5 th steps	___	___	___	___
Participation in informational lectures	___	___	___	___

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Overall demonstrated level of motivation
Attitude toward AA/NA/CA

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General Statement About Client:

SIGNATURE/TITLE OF PREPARER: _____

DATE: _____