



Mississippi Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

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

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

General Statement About Client:

SIGNATURE/TITLE OF PREPARER: _____

DATE: _____