

# CLIENT FOLLOW-UP FORM

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Name:	Account #:
Program #	Facility

<b>Follow Up</b>	
Follow Up Type	<input type="checkbox"/> Six Month <span style="margin-left: 200px;"><input type="checkbox"/> One Year</span>
4. Follow Up Date (mmddyyyy)	[REDACTED]
6. Is former client accessible?	<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>
7. Living Arrangements (check one)	
<input type="checkbox"/> Homeless <span style="margin-left: 50px;"><input type="checkbox"/> Dependent Living</span> <span style="margin-left: 50px;"><input type="checkbox"/> Independent</span>	
8. Employment Status at Follow-Up (check one)	
<input type="checkbox"/> Employed Full Time <span style="margin-left: 50px;"><input type="checkbox"/> Employed Part Time</span> <span style="margin-left: 100px;"><input type="checkbox"/> Public Assistance Benefits Depleted</span> <input type="checkbox"/> Unemployed <span style="margin-left: 50px;"><input type="checkbox"/> Not in Labor Force</span>	
9. Detailed Not In Labor Force (check one)	
<input type="checkbox"/> Homemaker <span style="margin-left: 50px;"><input type="checkbox"/> Student</span> <span style="margin-left: 100px;"><input type="checkbox"/> Retired</span> <input type="checkbox"/> Disabled <span style="margin-left: 50px;"><input type="checkbox"/> Inmate</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other</span>	
10. Frequency of Use ( <b>6 Month</b> : check one)	Frequency of Use ( <b>1 Year</b> : check one)
<input type="checkbox"/> No Use Since Treatment <input type="checkbox"/> No Use During <b>Month</b> Prior to Follow Up <input type="checkbox"/> Used During <b>Month</b> Prior to Follow Up	<input type="checkbox"/> No Use Since Treatment <input type="checkbox"/> No Use During <b>6 Months</b> Prior to Follow Up <input type="checkbox"/> Used During <b>6 Months</b> Prior to Follow Up
11a. Has the client participated in a self-help group, support group (e.g., AA, NA, etc.) in the last 30 days?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
11b. Attendance in the last 30 days?	
<input type="checkbox"/> None <span style="margin-left: 20px;"><input type="checkbox"/> 1-3 times in past month</span> <span style="margin-left: 20px;"><input type="checkbox"/> 4-7 times in past month</span> <input type="checkbox"/> 8-15 times in past month <span style="margin-left: 20px;"><input type="checkbox"/> 16-30 times in past month</span> <span style="margin-left: 20px;"><input type="checkbox"/> Some</span>	
12. Effectiveness Indicators	
a. How many times has client been arrested since discharge?	
Number of arrests in the last 30 days?	
b. Has had a parole / probation violation:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Has had a DUI arrest:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Has been readmitted to a treatment program:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
<b>FOLLOW-UP ASSESSMENT</b>	
<input type="checkbox"/> A FOLLOW-UP ASSESSMENT has been completed for this client.	