

# Treatment Report Sample

Clinton County Common Pleas Court  
46 S. South St.  
Wilmington, Ohio

## Recovery Docket Treatment Report

Client Name: \_\_\_\_\_ Report Date: \_\_\_\_\_ Court Date: \_\_\_\_\_

### Level of Care

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Counseling    | <input type="checkbox"/> SAMI Group            |
| <input type="checkbox"/> Non-intensive Outpatient | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Intensive Outpatient     | <input type="checkbox"/> Case Management       |

### Financial Obligations

Balance \_\_\_\_\_ Last Payment Amount \_\_\_\_\_ Date \_\_\_\_\_

### Drug Screens:

\_\_\_\_\_

\_\_\_\_\_

Psychiatrist Appointment (s) attended:  Yes  No  N/A

### Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Client Attendance/Participation

- Attending treatment regularly and exceeding expectations.
- Attending treatment regularly and meeting expectations.
- Attending treatment regularly but not meeting expectations.
- Attending treatment sporadically but meeting expectations.
- Attending treatment sporadically and not meeting expectations.
- Not attending treatment.
- Other

### Comments:

\_\_\_\_\_

\_\_\_\_\_

### Recommendations:

\_\_\_\_\_

\_\_\_\_\_

Counselor/Therapist Name	Credentials	Agency	Email	Phone Number
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