PROGRAM / AGENCY_____ **CLIENT #**_____

MONTHLY TREATMENT REPORT FOR_____, 20 ____

CLIENT_____ **PO**_____

PHASE_____ **TIME IN SESSION**_____ PRETRIAL ☐ YES ☐ NO

COUNSELING SESSION (PLEASE INCLUDE ANY NO SHOWS)

DATE	TYPE COUNSELING	PROJECT CODE	TIME IN	TIME OUT	CLIENT SIGNATURE	STAFF INITIALS

COMMENTS REGARDING CLIENT'S PROGRESS & INFORMATION REGARDING CLIENT'S ADMISSION OR DENIAL OF SUBSTANCE ABUSE:

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COUNSELOR'S SIGNATURE DATE