Reset Form

PROVIDER CLIENT CONTACT LOG
INDIANA ACCESS TO RECOVERY (ATR)

State Form 54884 (1-12)

Name of client					
Start date *(month, day, year)*	Start time	End date *(month, day, year)*	End time	ATR units	Encounter identification

ATR SERVICE CATEGORY – *Select only one box for each log entry.*
For all services with an asterisk (*), there must be an invoice / receipt in the client file for each log entry.

Clinical Services

- ☐ Assessment – Diagnostic Interview
- ☐ Initial Treatment of Co-occurring Disease
- ☐ Continuing Care Counseling – Group
- ☐ MAT- Disulfiram
- ☐ Detoxification
- ☐ IOP – Min. 2 hour sessions – Group
- ☐ MAT – Methadone
- ☐ MAT – Acamprosate Calcium
- ☐ Individual Addictions Treatment
- ☐ Outpatient – Min. 2 hour sessions – Group
- ☐ MAT – Naltrexone
- ☐ MAT – Buprenorphine

Recovery Support Services

- ☐ Family and Marital Counseling
- ☐ Individual Parenting Education
- ☐ Employment Services – Individual
- ☐ Individual Support – Faith Based
- ☐ Group Community Support
- ☐ Transportation Agency Vehicle
- ☐ GED Test
- ☐ Ind. SA Prevent/Inter Education
- ☐ Transitional Housing Assistance
- ☐ Family and Marital Counseling – Group
- ☐ Group Parenting Education
- ☐ Employment Services – Group
- ☐ Group Support – Group< 20 – Faith Based
- ☐ Individual Community Support
- ☐ Transportation – Bicycle
- ☐ Individual GED and Supportive Ed.
- ☐ Group SA Prevent/Inter Ed.
- ☐ Peer Coaching
- ☐ Parenting Services – Respite Child Care
- ☐ Employment Services – Apprenticeship
- ☐ AOD Screen
- ☐ Comm. Based Continuing Care *
- ☐ Transportation – Public *
- ☐ Group GED and Supportive Ed.
- ☐ Emergency Housing

NOTES

What occurred during the session?

What was the goal of the interaction, or how did this session assist client in gaining or maintaining their recovery?

What is next for the client, or when should the client expect to return to for further assistance with their recovery?

By signing this contact log I certify under penalty of perjury that the above information is correct and accurate.

Signature of client	Date *(month, day, year)*
Signature of rendering staff	Date *(month, day, year)*