



	Name of client				Patient identification number		
	Start date (month, day, year)	Start	time	End date (month, day, ye	ear)	End time	
	ATR units	I		Encounter identification number			
	CLINICAL SERVICES						
	☐ MAT – Methadone						
	NOTES						
	What occurred?						
	Client, presented for dosing. Client received daily dose of mg of methadone						
	and take-home dose (s). Client received dose (s) total. Billing unit (s).						
Client currently receives required counseling sessions monthly.							
	Client met with medical director this date? Reason						
☐ Yes ☐ No							
	Client met with counselor this date?		Topic of discussion				
☐ Yes ☐ No							
Client gave urine screen this date?			Results				
	☐ Yes ☐] No					
	How is this expected to help the client in their recovery?						
	A goal for this client is to remain illicit drug free. It is expected that by participating in MAT-Methadone, this will alleviate withdrawal symptoms which have been a trigger for this client in the past.						
	What's next?						
	Client will maintain attendance schedule with next presentation being on (month, day, year):						
	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)		
	Circulative of anadoxica staff						
	Signature of rendering staff				Date (mont	h, day, year)	
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