



**ALCOHOL AND OTHER DRUGS (AOD) SCREEN
CLIENT CONTACT LOG
INDIANA ACCESS TO RECOVERY (ATR)**
State Form 55012 (6-12)



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

RECOVERY SUPPORT SERVICES
<input type="checkbox"/> AOD Screen

NOTES
What occurred during the session?
The client had an instant drug test today, which was given due to (check one): <input type="checkbox"/> Random <input type="checkbox"/> For cause <input type="checkbox"/> Suspicion of use
The client was tested for (check all that apply): <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Methadone <input type="checkbox"/> Opiates <input type="checkbox"/> Oxycontin <input type="checkbox"/> Propoxyphene <input type="checkbox"/> PCP <input type="checkbox"/> THC
The results of the test were (check one): <input type="checkbox"/> Negative for all substances. <input type="checkbox"/> Positive for: _____
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)
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