

PROB. 46 (Rev. 06/10)						This form must be completed and submitted with each monthly billing. Additional sheets may be used.				
<b>MONTHLY TREATMENT REPORT</b>										
1. PROGRAM NAME:				1a. PROVIDER NAME:		2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS)				
3. CLIENT NAME:				3a. PACTS NO.		4. FOR PERIOD COVERING				
5. PHASE NO.		5a. TIME IN PHASE:		6. PRETRIAL CLIENT:		7. CLIENT EMPLOYED:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Other				
<b>8. CONTACTS SINCE LAST REPORT</b>										
a. Date		b. Service (Name & No.)			c. Length of contact		d. Comments (No Shows, Tardiness, Issues Addressed)			e. Copay (amount collected)
<b>9. URINE TESTING RECORD</b>										
DATE COLLECTED	Scheduled		Sample Not Tested		Drug Use Admitted		COLLECTED BY	SPECIAL TESTS REQUIRED	TEST RESULTS (Positive/Negative)	Copay (amount collected)
	Yes	No	Insuf. Qty.	Stall	No	Yes (Specify drugs)				
<b>10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS</b>										
a. Describe the treatment goals addressed this month ( <input type="checkbox"/> Met <input type="checkbox"/> Not Met):										
b. Describe any steps taken by the client this month toward these goals ( <input type="checkbox"/> Positive <input type="checkbox"/> Negative):										
c. Describe any obstacles or setbacks the client encountered this month:										
d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:										
e. If continued treatment is recommended, discuss the plan for next month ( <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended):										
f. Discuss your observations of the client's behavior and commitment to treatment ( <input type="checkbox"/> Positive <input type="checkbox"/> Negative):										
g. Comments										
h. Overall Progress: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable										
SIGNATURE OF COUNSELOR							DATE			