

SERVICES TRACKING RECORD (MONTHLY)

(TCU METHADONE OUTPATIENT FORMS)

THIS FORM TO BE COMPLETED BY STAFF:

[FORM 244; CARD 01]

SITE #:	CLIENT ID#:	TODAY'S DATE:	COUNSELOR ID#:
_	_ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _
[6]	[7-10]	MO DAY YR [11-16]	[17-18]
TREATMENT MONTH? 01 02 03 04 05 06 07 08 09 10 11 12 _ _ _ [19-20]			
INITIAL ASSESSMENT DATE?			_ _ _ _ _ _ _ _ _ _ _ _ [21-26]
			MO DAY YR
1-MONTH PERIOD COVERED BY THIS REPORT?.....			
_ _ _ _ _ _ _ _ _ _ _ _ to _ _ _ _ _ _ _ _ _ _ _ _ [27-32]			[27-32]
MO DAY YR [NK]			MO DAY YR
WAS METHADONE DOSAGE EVER HELD THIS MONTH? 0=NO 1=YES* [33]			
*IF YES, HOW MANY TIMES --			
a. for administrative reasons?.....			_ _ _ _ [34-35]
b. for reasons of intoxication?			_ _ _ _ [36-37]
			# TIMES

INSTRUCTIONS: Complete each item and leave no "blanks" unless otherwise indicated.

1. COUNSELING SESSIONS

- a. Individual Counseling
Sessions Attended |_|_|_|_|_| [38-39]
SESSIONS
- b. Group Counseling
Sessions Attended |_|_|_|_|_| [40-41]
SESSIONS
- c. Family or Other Counseling
Sessions Attended |_|_|_|_|_| [42-43]
SESSIONS
- d. DATAR Module
Sessions Attended |_|_|_|_|_| [44-45]
SESSIONS

2. METHADONE MAINTENANCE

- a. # Days given methadone |_|_|_|_|_| [46-47]
- b. Highest dosage level (milligrams) |_|_|_|_|_| [48-50]
- c. # Days given take-home |_|_|_|_|_| [51-52]
- d. Was medical withdrawal begun this month?..... 0=No 1=Yes [53]

3. OTHER PRESCRIBED MEDICATION

- a. Antabuse..... 0=No 1=Yes [54]
- b. Other 0=No 1=Yes* [55]

*[If "Yes"] Write in generic name --

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TCU CODE

[56-57]

4. URINALYSES

a. Was the “full-screen urine” for this month positive for 1 or more illegal drugs? 0=No 1=Yes* 2=None Collected [58]

***IF “YES”:**

Urine was positive for --	NO	YES		NO	YES		
(1). Opiates	0	1	[59]	(6). Cocaine/Crack.....	0	1	[64]
(2). Methadone	0	1	[60]	(7). THC	0	1	[65]
(3). Sedatives/Barbiturates	0	1	[61]	(8). PCP	0	1	[66]
(4). Benzodiazepines.....	0	1	[62]	(9). Propoxyphene.....	0	1	[67]
(5). Amphetamines.....	0	1	[63]	(10). Other	0	1	[68]

b. How many additional urines were analyzed for cocaine this month?.....|___|* [69]

***IF ANY:**

(1). How many were <u>positive</u> for cocaine?..... ___	[70]
NUMBER	

[244;02;ID]

5. ANCILLARY SERVICES RECEIVED (directly from treatment program or by referral)

	NO	YES		NO	YES		
a. Medical services/tests	0	1	[11]	j. Parenting & family.....	0	1	[20]
b. Psychological services/tests	0	1	[12]	k. Alcoholics Anonymous (AA)	0	1	[21]
c. Job/vocational training	0	1	[13]	l. Narcotics/Cocaine Anonymous (NA/CA).....	0	1	[22]
d. Education.....	0	1	[14]	m. Contacts with parole/ probation officer.....	0	1	[23]
e. Legal assistance.....	0	1	[15]	n. Contacts with court/judges.....	0	1	[24]
f. Welfare/AFDC/food stamps/etc.	0	1	[16]	o. Child Protective Services.....	0	1	[25]
g. Food/clothing/housing	0	1	[17]				
h. Anger resolution	0	1	[18]				
i. Rape & trauma.....	0	1	[19]				