

**SUBSTANCE USE COMMUNICATION FORM
TREATMENT PROVIDER AND RECOVERY PROVIDER**

DATE: _____ TO: _____ AT: _____
Therapist Treatment Agency

FROM: _____ AT: _____
Home Manager Recovery Home Provider Recovery Home

RE: _____
Client Name Client Date of Birth Date of Admission to Recovery Home

Current Status at Recovery Home:

WEEKLY SUPPORT MEETINGS: ☐ Attending ☐ Some missed meetings ☐ Not attending

HOUSE CHORES: ☐ Completes regularly ☐ Needs reminders ☐ Refuses to complete chores

JOB SEEKING: ☐ Actively seeking employment ☐ Employed ☐ Not looking for work

HOUSE RULES: ☐ Complies with house rules ☐ Other: _____

PEER RELATIONSHIPS: ☐ No issues with other residents ☐ Trouble with other residents

DRUG SCREEN RESULTS: ☐ All UDS negative ☐ Positive for _____ on _____
Substance Dates of testing

OTHER/CONCERNS:

*****PLEASE COMPLETE THE BOTTOM PORTION AND RETURN TO THE RECOVERY HOME PROVIDER*****

Recovery home fax: _____

Current Status with Treatment

TREATMENT PARTICIPATION: ☐ Intake only ☐ Individual sessions ☐ Group sessions ☐ Client discharged

MEDICATIONS PRESCRIBED: ☐ No ☐ Yes

If yes, please list: _____

TREATMENT ATTENDANCE: last session: ____/____/____ Next scheduled individual/group: ____/____/____

OTHER RECOVERY NEEDS:

☐ Food ☐ Transportation ☐ Employment ☐ Driver's License/State ID

OTHER/CONCERNS: _____

Therapist Signature

cc: client chart