

Louisiana State Board of Nursing

17373 Perkins Road
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<http://www.lsbn.state.la.us>

AFTERCARE PROGRESS REPORT

Client Name _____

Reporting Period _____

Attendance: Client has attended _____ of _____ scheduled sessions. Client was excused from:

(1) _____ (2) _____ (3) _____ (4) _____ sessions this month due to

Client's projected completion date has been extended to _____

To make up missed sessions. Client has been on time for sessions ___ Yes ___ No.

Insight: _____ Denies Problem. _____ Minimizes Problem. _____ Gaining.

_____ Fair. _____ Good.

Motivation: _____ None _____ Poor _____ Superficial _____ Increasing

_____ Well Motivated _____ Overeager.

Attitude toward AA: _____ Superficial _____ Poor _____ Fair _____ Good.

Completion of fourth and fifth step: _____ Yes _____ No

Summary of Progress:

_____ Doing poorly _____ As expected considering length of involvement

_____ Making progress _____ Concentrating on program

Treatment: _____ Poor _____ Fair _____ Good _____ Excellent

Participation in groups _____

Recognition of disease in self _____

Accepting responsibility for self _____

Operating on a feeling level _____

Accepting feedback from others _____

Able to give feedback to others _____

Comments: _____

Recommendations: _____

Counselor's Signature _____ Date _____

Print Counselor's Name _____

Name/Address of Facility _____

Phone/Pager Number _____

Daytime Phone Number/Pager Number _____

PLEASE MAIL. FAXED REPORTS WILL NOT BE ACCEPTED.