



**HERO HELP.**  
addiction assistance

### TREATMENT PROGRESS REPORT

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Admission date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

- Client has attended individual sessions: yes: \_\_\_\_ no: \_\_\_\_
- Client has attended group sessions: yes: \_\_\_\_ no: \_\_\_\_
- Client has attended lectures/seminars: yes: \_\_\_\_ no: \_\_\_\_
- Client has attended 12 step program meetings: yes: \_\_\_\_ no: \_\_\_\_

Progress:

Prognosis: good: \_\_\_\_\_ fair: \_\_\_\_\_ poor: \_\_\_\_\_

Urinalysis: positive: \_\_\_\_ negative: \_\_\_\_

Recommendations: