

### Treatment Status Report Instructions

Client Name	Provider Name (Dropdown Field w/ all Providers)
PFN #	CJS Case #
DOB	Dependency Case Name
CDCR #	Client's next Court Date

Judge Name and Dept #	Fax #	Date sent
Probation Officer	Fax #	Staff Name
Parole Agent	Fax #	Signature
Social Worker	Fax #	Phone #
Other	Fax #	Supervisor's Signature (optional)

All fields above are required as appropriate to each client, except:  
**Supervisor's signature: optional depending on each program's internal policies.**

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UA Section					
AOD Test Date	"+ / -"	Substance (if positive)	AOD Test Date	"+ / -"	Substance (if positive)

This section should include **ALL** UA test results (cumulatively) from the beginning of the TX episode. There is room for **8** test results. If you run out of space, list the **8** most recent UA tests. **THE COURTS REQUIRE A DATE FOR EACH UA TEST**

3 **Initial Screening Date:**  Refers to the initial screening date for each TX episode.

**E.g.:** Client was screened at Gateway, and then referred to Detox. Client was rescreened at the end of Detox, prior to being transferred to treatment. The Initial Screening Date is the Gateway date.

**Admit Date:**  Refers to the most recent intake date.

**Discharge Date:**  This is used when writing a TSR for a client who has discharged from treatment.

4 **Dropdown Fields**

The dropdown fields are only intended to give a brief overview of the client's situation. Always use the narrative section to write specific details and important circumstances.

**Total Attendance to Date:**  
(OP only)

# Sessions attended: <input type="text"/>
# Sessions missed: <input type="text"/>

**Dropdown Choices** Select

. # of Sessions attended (0-20 or 20>):  
 and

. # of Sessions missed (0-20 or 20>):

- This is the **cumulative** of all appointments the client kept or missed, beginning with their intake date. If attendance is 20 > days, note the actual # in the narrative. **Avoid** recording **only** the # of sessions attended **between** TSRs

4 **Dropdown Fields con't**

<p><b>Modify Treatment Plan</b></p> <p>Increased sessions: <input type="text"/></p> <p>Reduced sessions: <input type="text"/></p>	<p><b>Dropdown Choices</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• <b>Increased Sessions:</b></li> <li>. N/A</li> <li>. Once / week</li> <li>. Twice / Week</li> <li>. Three / Week</li> <li>. Four / Week</li> <li>. Five / Week</li> <li>. Biweekly</li> <li>. Monthly</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• <b>Reduced Sessions:</b></li> <li>. N/A</li> <li>. Once / week</li> <li>. Twice / Week</li> <li>. Three / Week</li> <li>. Four / Week</li> <li>. Five / Week</li> <li>. Biweekly</li> <li>. Monthly</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• <b>Increased Sessions:</b></li> <li>. N/A</li> <li>. Once / week</li> <li>. Twice / Week</li> <li>. Three / Week</li> <li>. Four / Week</li> <li>. Five / Week</li> <li>. Biweekly</li> <li>. Monthly</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Reduced Sessions:</b></li> <li>. N/A</li> <li>. Once / week</li> <li>. Twice / Week</li> <li>. Three / Week</li> <li>. Four / Week</li> <li>. Five / Week</li> <li>. Biweekly</li> <li>. Monthly</li> </ul>
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These numbers will reflect **updated** information, **not a cumulative tally** for each new TSR. Use the narrative to list the dates and describe the reasons for the increased or reduced # of sessions per week.

<p><b>Progress:</b></p> <p>➤ Treatment: <input type="text"/></p>	<p><b>Dropdown choices</b></p> <ul style="list-style-type: none"> <li>. Client is progressing</li> <li>. Needs reevaluation of goals</li> <li>. N/A</li> </ul>
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**Choose a selection** which states whether treatment is progressing or whether the counselor and client need to reevaluate client's goals. Use the narrative to explain.

<p><b>Discharge Status:</b> <input type="text"/></p>	<p><b>Dropdown choices</b></p> <ul style="list-style-type: none"> <li>. Transferred</li> <li>. Has successfully completed Tx (<b>OP Only</b>)</li> <li>. Attended Intake, did not return (<b>OP Only</b>)</li> <li>. D/C for excessive absences (<b>OP Only</b>)</li> <li>. Left before completing all Tx goals</li> <li>. Is currently ineligible for Tx</li> <li>. Client was suspended from Tx</li> <li>. N/A</li> </ul>
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Select the appropriate choice.

<p><b>Fees: (OP only):</b> <input type="text"/></p>	<p><b>Dropdown choices</b></p> <ul style="list-style-type: none"> <li>. Is current w/ fees (<b>OP Only</b>)</li> <li>. Is not current w/ fees (<b>OP Only</b>)</li> <li>. N/A</li> </ul>
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Select the appropriate choice.

4 **Dropdown Fields con't**

Transfers:	Choose the transfer statement which best describes your client's situation
<p>➤ <b>Residential Client is:</b></p> <ul style="list-style-type: none"> <li>• <input type="text"/></li> </ul> <p><b>Name of Program</b></p> <ul style="list-style-type: none"> <li>○ <input type="text"/></li> </ul> <p><b>Name of THU</b></p> <ul style="list-style-type: none"> <li>○ <input type="text"/></li> </ul>	<p><b>Dropdown choices</b></p> <ul style="list-style-type: none"> <li>. Transfer to OP and THU</li> <li>. Transfer to OP</li> <li>. Transfer to another Residential</li> <li>. Transfer to Detox and back to Residential</li> </ul> <hr/> <ul style="list-style-type: none"> <li>. <b>Select</b> the specific provider the client is transferring to, if known.</li> <li>. If unknown at time of TSR, choose Specific Provider Pending.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>. <b>Select</b> the specific THU if known, or Specific THU Pending</li> </ul>

<p>➤ <b>Outpatient Client is:</b></p> <ul style="list-style-type: none"> <li>• <input type="text"/></li> </ul> <p><b>Name of Program</b></p> <ul style="list-style-type: none"> <li>○ <input type="text"/></li> </ul> <p><b>Name of THU</b></p> <ul style="list-style-type: none"> <li>○ <input type="text"/></li> </ul>	<ul style="list-style-type: none"> <li>. Transferring to Detox and back to OP</li> <li>. Transferring to Res</li> <li>. Transferring to Detox and Res</li> <li>. Transferring to another OP</li> <li>. Transferring to a THU</li> </ul> <hr/> <ul style="list-style-type: none"> <li>. <b>Select</b> the specific provider the client is transferring to, if known.</li> <li>. If unknown at time of TSR, choose Specific Provider Pending.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>. <b>Select</b> the specific THU if known, or Specific THU Pending</li> </ul>
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Include where the client will be living in the narrative, if not going to THU.

5 **Narrative:**

<b>Comments:</b>
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This section is for the purpose of communicating relevant facts about the client's treatment. Take care not to give "opinions" about the client.

It is used to report to the involved parties, on a regular basis, about a client's progress in treatment. It is also used to report any changes in a client's treatment status, i.e., when a client completes an assessment appointment, enters treatment, changes level of care or treatment site, or leaves treatment.