



Applied Recovery Status Report

Resident: _____ Date of Report: _____

Staff: _____ Contact Phone: _____

Sobriety Date: _____ Days Sober: _____

Applied Recovery "Agreements"

1. Detox/Treatment: _____ Duration: _____

2. Aftercare: _____

3. Sober Living: _____

4. Peer-based Recovery Support Meetings (AA, NA, etc):

reported: _____/wk observed: _____/wk affiliation: low med high

5. Relapse Prophylaxis/Plan: _____

6. Testing: _____

Confirmation testing: _____

7. Employment/School: _____

8. Addiction Medicine Physician: _____

9. Medication: _____

10. Hedonic Rehabilitation: _____

Advantages: _____

Challenges: _____

Status: _____

Proj Discharge Date: _____ Discharge Plan: _____