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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Service:** |  | | **Start Time:** |  | **End Time:** |  | **Service Time:** | |  |
| **LRM Name:** | |  | | | **Program Identification Number:** | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PROGRAM SERVICE AREAS ADDRESSED DURING INDIVIDUAL SESSION** | | |
|  | Care Coordination |  | Significant Other Relationships |
|  | Recovery Coaching |  | Family Relationships |
|  | Recovery Counseling |  | Medication Assisted Treatment |
|  | Spiritual Counseling |  | Self- Help Support Groups |
|  | Transportation |  | Attending Faith/Spiritual Based Organizations |
|  | Employment/Training/Education |  | Legal Issues |
|  | Grief Counseling |  | Supervision Issues |
|  | Program Attendance |  | SATOP Issues |
|  | Treatment Goals and Objectives |  | Physical / Medical Health |
|  | Housing/Living Arrangements |  | Other |

|  |
| --- |
| **Progress Notes/Actions Needed:** |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

LRM Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dismas Staff Signature Date Credentials