**Client Name**: Penelope Pepper **Client ID#:** 99999999

**KK#:** KK000000 **Date of Report:** 03/21/13

**Clinician Completing Report:** Jane Wayne, LADC

**Report Submitted To:** Max Smart, CW Specialist

**Method of Submission:** [x] **Secure** Email

 [ ] Fax#: Click here to enter text.

**Current Treatment Service:** Outpatient **If Other:** Click here to enter text.

**Weekly Scheduled Hours:** 5 hours **If Other:** Click here to enter text.

**Participation Summary** (include direct observable behaviors (DOBs) regarding attendance, attitude, participation, insight; improvement, or lack of, in behavior—“as evidenced by…”

Miss Pepper has not attended any of the sixteen group hours this month and none of the four individual therapy sessions. Attempts to reach Miss Pepper by telephone regarding her absence and share our concern for her have been to no avail. At least once a week a telephone call was made to Miss Pepper; voice mail messages were left three times; twice Miss Pepper’s voice mailbox was full and no message could be left. Miss Pepper has not returned calls. On February 15, 2013, I contacted the Max Smart, CW Specialist, and shared my concern regarding Miss Pepper’s absences and lack of contact with me and anyone at the agency (the case manager has attempted to reach Miss Pepper also). Mr. Smart shared that he would attempt to contact Miss Pepper. On February 20, 2013, Mr. Smart called and left a message in my voice mailbox stating that he has not been able to reach Miss Pepper either; he will continue to attempt to reach her.

**Drug Screens:**

**Date:** 02/02/13 **Attended:** [ ] Yes [x] No: Click here to enter text. **Results:** [ ] Pos [ ] Neg

**Date:** 02/13/13 **Attended:** [ ] Yes [x] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**Date:** 02/22/13 **Attended:** [ ] Yes [x] No: Click here to enter text. **Results:** [ ] Pos [ ] Neg

**Date:** 02/27/13 **Attended:** [ ] Yes [x] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**For Positive Drug Screens Identify:**

**Date:** Click here to enter text. **Positive for:** Click here to enter text.**Intervention(s):** Click here to enter text.

**Date** Click here to enter text.P**ositive for:**Click here to enter text.**Intervention(s):** Click here to enter text.

**Date:** Click here to enter text. **Positive for:** Click here to enter text. **Intervention(s**): Click here to enter text.

**Date:** Click here to enter text. **Positive for:** Click here to enter text. **Intervention(s):** Click here to enter text.

**Recommendations** (continue at current level of care, increase/decrease group/individual sessions, change in level of care, etc.): If Mr. Smart is able to locate and speak with Miss Pepper, perhaps a family team meeting or consultation meeting with Miss Pepper, Mr. Smart, and me could be scheduled to address re-engagement and/or other options.

**Client’s Name:** Penelope Pepper