

Date: _____

Recovery Coach Service Documentation Form

Individual's Name: _____

M- _____

Program	Length of Event	Location	Mode of Communication

Personal Recovery Goal(s) Addressed:

What is the person's current cognitive stage of change for recovery management? In other words, what is the person's current level of motivation for managing his or her recovery? (It is ok to estimate)

- Precontemplation Contemplation Determination Action Maintenance Relapse
 Unknown (unfamiliar with consumer)

Recovery domain(s) addressed in this session:

- Recovery planning Physical wellness Transportation Leisure Stigma
 Work Mental Wellness Housing Financial Childcare
 Relationships Education Legal Issues Spirituality
 Other: _____

Strategies and interventions used to achieve a person's recovery goals (these are optional)

- Coaching/case management Relapse prevention Early TX re-entry coaching
 CRA or CRAFT Motivational Interviewing Contingency Management
 Skills training: _____ Other: _____

Please provide any narrative regarding today's contact:

Was a follow-up meeting or contact time established? Yes No. If Yes, when: _____