

West Slope Recovery, Inc.

CONSENT FOR FOLLOW-UP

I, _____, the undersigned, give my consent to West Slope Recovery, Inc. for the follow-up on my progress after treatment for up to one year after my completion from residential treatment at WSR, Inc. As a client this means that West Slope Recovery, Inc. may continue to contact with me regarding my progress in recovery. Questions may include, but not limited to:

➤ Have you continued abstinence, (clean/sober)? Yes/ No

➤ Have you continued attending 12 step meetings and working with a sponsor? Yes/No

➤ Are you attending any counseling or therapy? Yes/ No

➤ Are you employed, going to school, (full time or part time)? Yes/No

➤ Have you been arrested or incarcerated since leaving treatment? Yes/ No

➤ Are you with your family? Yes/No

➤ Are you an active Alumnus? Yes/No

I understand that by signing this document I give my permission to be contacted for up to one year after the end of treatment at the address and phone numbers listed below.

Address _____ City _____ State _____ Zip Code _____

(_____) _____ - _____ (_____) _____ - _____
Home Phone Cell Phone

Client Log # _____ Client Signature _____ / _____ / _____

I understand that I may rescind this consent at any time and that it must be in writing.