



1823 Sunset Pl Ste C  
Longmont, CO 80501  
(888) 509-3153

## Daily Check-in

Have you abstained from all non-prescribed drugs and alcohol since your last session? ☐ Yes, If no, which substances \_\_\_\_\_  
How many continuous days of sobriety do you have? 3 days maybe??  
How many outside support meetings have you attended this week (i.e. AA, Refuge Recovery, etc)? \_\_\_\_\_  
Have you had any cravings? ☒ Yes ☐ No  
Have you experienced any other challenges or difficulties outside the program (consider: social stressors, grief, depression, family, etc)? ☒ Yes ☐ No

Please Describe: Still dealing with the change of finding out im not gonna be a dad

### Sleep:

How has the quality of your sleep been? Sparse How many hours did you get? 5  
Did you have trouble falling asleep? ☒ Yes ☐ No Any trouble staying asleep? ☒ Yes ☐ No  
Any difficulty waking up? ☒ Yes ☐ No Any nightmares? ☐ Yes ☒ No  
Any other problems with sleep? ☐ Yes ☐ No

### Medications:

Have you taken your medications consistently? ☐ Yes ☐ No No Meds ☒  
If no, please indicate why:  
Do you have concerns or questions about your meds at this time? ☐ Yes ☒ No  
If yes, please describe:

### Physical:

Are you having any physical symptoms or complaints at this time? ☐ Yes ☒ No  
If yes, please describe:

### Other Questions:

What did you do for self-care? Stayed close to family. Took care of responsibilities  
How is your mood at this time? Hopeful and optimistic, but tired  
What are your goals for recovery today? To share my gratitude for my sobriety  
Have you set your weekly goal? ☐ Yes ☒ No

Name Ko's K  
Reviewed By: \_\_\_\_\_ Is follow-up required ☐ Yes ☐ No

Date 6-14-18





Date: 6/14/18

# Drug Testing Shift Log

Staff: Alissa

GA

0.00  
0.00  
0.00  
0.00  
0.00  
0.00

Client	Time	Test/Result	Logged in Alleva	Follow Up
Dan F.	5:25	UA/Neg	✓	
Spencer	5:30	UA/Pos/B20	✓	
Rebecca S	5:45			
Jon	5:46	UA/Neg	✓	
Chris	5:48	UA/Pos/THC	✓	
Jesse	5:51	UA/Neg	✓	

Additional Comments:

Staff Signature: [Signature]

Once completed, place in Dropbox with email to Program Manager



GROUP NOTE

Name: Kris R

Today's Date: 6-14-18

Date of Last Use: 6-6?

What was today's group topic? Gender roles

1. In what area did you struggle with this week and rate the level of intensity: (1-least.....10-most)

Explain what was the struggle.

(substance use, employment, education, relationships, health, legal status, mental health, emotional maintenance, coping, spirituality)

I broke it off with Jenn for lying about being pregnant

2. Describe what way/s your answer for question #1 would improve by one number:

Should've set boundaries sooner

3. What do you think about what you learned from the group today, does it apply to you, do you agree or disagree with its value (2-4 sentences)

I didn't know anything that I hadn't heard before.  
I will take away the bit of relief from a moment of meditation  
as we grateful for that

4. Give one specific example in how you can apply the information you learned to reduce symptoms, develop skill and/or change behavior. (3-5 sentences)

I would like to regain the discipline to meditate regularly.  
perhaps ill take up my 21 day meditation schedule again  
it helped in the past

5. Describe what progress you made on your treatment goals (3-5 sentences)

Stayed sober  
Called my sponsor  
Doing out/reached out to other recovering addicts

6. Describe 3 skills / resources / activities that you use or participate in outside of group to prevent relapse.

AA, Stick with the winners, Called my sponsor

Before group: \_\_\_\_\_

After group: \_\_\_\_\_



Additional Comments: