

CLIENT FOLLOW-UP FORM

INTRODUCTION

Client follow-up begins when the intake or baseline ASI is conducted. This is the time when the interviewer has the most information about the client, and it is at this time that the interviewer can most successfully lay the groundwork for client location and a successful follow-up.

Please stress several times during the intake that DATACORP will contact him/her 3 months after treatment ends and will offer him/her \$10 for a completed interview. Encourage the client to let you know if they move at any time during treatment or during the three months following treatment. It is important that we be able to contact him/her later to see how they are doing.

Reassure the client that his or her confidentiality will be maintained and that DATACORP will not ask anyone except the client how they are doing. Any people DATACORP contacts are purely an effort to contact the client.

It is critical that all fields on this form be completed in order to increase the chance of following up with this client. Please stress how important follow-up is so we can learn how to improve the entire treatment experience.

A. TODAY'S DATE:

1. Please enter today's date : __ - __ - ____
mm dd y y y

B. WAMHSAC PROVIDER

2. What WAMHSAC Provider are you from?:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> PWC | <input type="checkbox"/> CWCC |
| <input type="checkbox"/> NWMHC | <input type="checkbox"/> Curran-Seeley |
| <input type="checkbox"/> FCS | <input type="checkbox"/> EWMHC |
| <input type="checkbox"/> HCC | <input type="checkbox"/> CMC |

C. CLIENT INFORMATION

Please fill out the client's information **exactly** as it is written on the ASI and WCIS forms.

3. Client ID Number: _____

4. Social Security Number: ____ - ____ - _____

5. Last Name: _____

6. First Name: _____

7 Middle Name: _____

8. Nicknames: _____

9. Date of Birth: ____ - ____ - ____
mm dd yy yy

10. Gender: ☐ Male ☐ Female

11. Treatment Modality:

- ☐ Outpatient ☐ Intensive Outpatient (IOP)
☐ Residential ☐ Continuing Care
☐ Discharged

D. CURRENT ADDRESS

12. Street Address: _____

13. City: _____ 14. State: _____ 15. ZIP: _____

E. PERMANENT ADDRESS (IF DIFFERENT THAN CURRENT)

16. Street Address: _____

17. City: _____ 18. State: _____ 19. ZIP: _____

F. CONTACT NUMBERS

20. When is the best time to reach you by telephone? (example = 5:30 p.m.) _____

21. Home Telephone: _____ - _____ - _____ ☐ N/A

22. Home telephone is listed in the telephone book ☐ Yes ☐ No

23. If yes, whose name is it listed under?

Last Name

First Name

24. Cell Telephone: _____ - _____ - _____ ☐ N/A

25. E-mail Address: _____ ☐ N/A

26. Please list three places where you spend your free time. (When you are not at home or work)

1. _____

2. _____

3. _____

G. EMPLOYMENT

27. Are you employed? ☐ Yes ☐ No **If no, skip to EDUCATION**

28. What shift do you work? ☐ 1st ☐ 2nd ☐ 3rd ☐ Varies

29. Name of Employer: _____

30. Street Address: _____

31. City: _____ 32. State: _____ 33. Zip: _____

34. Phone: _____ - _____ - _____ Dept: _____

35. Job Title: _____

H. EDUCATION

36. Are you a student? ☐ Yes ☐ No **If no, skip to LOCATORS**

37. Do you go full time or part time? Please mark one: ☐ full time ☐ part time

38. School: _____

39. Major: _____

I. LOCATORS

This section will provide the name and contact information of someone that has a telephone that knows how to get a hold of you when it is time for your interview.

Contact 1

40. Name: _____

41. Street Address: _____

42. City: _____ 43. State: _____ 44. ZIP: _____

45. Telephone: ____ - ____ - ____

46. Relationship: _____

Contact 2

47. Name: _____

48. Street Address: _____

49. City: _____ 50. State: _____ 51. ZIP: _____

52. Telephone: ____ - ____ - ____

53. Relationship: _____

THANK YOU!