

MONTHLY SELF REPORT

Name: _____ Month: _____ Year: _____

My Sobriety Date is: ____/____/____.

I attended all required HPSG's this month, except for the following absences: (Please give dates and reasons.)

I AM / AM NOT current with all fees. (If not, please explain & make arrangements to be compliant) _____

Meetings per week of AA / NA (circle). These meetings were verified? YES / NO

Meetings this month with my Sponsor. (Explain if no Sponsor or no meetings.)

I am currently working on the following step(s): Step(s) _____

Please explain: _____

I have taken these medications during the month (include over the counter drugs):

Drug: _____ Prescribing MD: _____ Prior Approval? _____

Drug: _____ Prescribing MD: _____ Prior Approval? _____

Drug: _____ Prescribing MD: _____ Prior Approval? _____

I HAVE HAVE NOT changed employment / hours during the month. (If Yes, updated employment information must be listed here: _____

I am experiencing difficulties in the following areas:

Medical? Emotional / Psychological? Social? Family? Employment? Financial? Legal?

Please explain: _____

I believe my level of participation in this group is: (circle level on LEFT)

GF's Assessment

HIGH - I am open and honest, sharing current issues & giving and receiving feedback

HIGH

MODERATE - I share in group occasionally, but generally prefer to focus on others.

MODERATE

LOW - I am guarded in group. I share infrequently, preferring to avoid vulnerable topics.

LOW

I would like help with the following concerns / issues / change requests:

Participant Signature: _____ Date: _____

GF/CM Comments / Signature _____

Date: _____

Entered: _____ By: _____