

Client Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Admission Time: \_\_\_\_\_ Observation Date: \_\_\_\_\_

Substance(s)/Date(s) of Last Use: \_\_\_\_\_

[illegible]

Rationale:	Initials/Time:
------------	----------------

Observer Printed Name/Signature/Credential	Initials	Observer Printed Name/Signature/Credential	Initials
1)		3)	
2)		4)	