



# Intensive Outpatient Weekly Log

# \_\_\_\_\_

Client Name \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Red Road to Recovery/Substance Abuse Support **Must Have 5 Hours per Week**

Date	Hours	Description	Signature of Facilitator
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

## Counseling Sessions **Must Have 2 Hours per Week**

Date	Hours	Type	Signature of Counselor
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

## Cultural/Spiritual Events **Must Have 2 Hours per Week**

Date	Hours	Type	Signature of Facilitator
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

**Total Hours \_\_\_\_\_ Must Have 9 or More for the Week**

Drug/Alcohol Testing + or — (Circle one) Date \_\_/\_\_/\_\_ Signature \_\_\_\_\_

Client Signature \_\_\_\_\_ Date Completed \_\_/\_\_/\_\_

Counselor Signature \_\_\_\_\_ Date Completed \_\_/\_\_/\_\_