



PO Box 44010, Columbus, OH 43204

Client Reporting Sheet
for Quarterly Report

Client Case Number: _____

Name: _____

Reporting Period:

- January => March – Due date April 10 to P.R.O. Executive Director and Pharmacy Board (if reporting)
- April => June – Due date July 10 to P.R.O. Executive Director and Pharmacy Board (if reporting)
- July => September – Due date October 10 to P.R.O. Executive Director and Pharmacy Board (if reporting)
- October => December – Due date January 10 to P.R.O. President and Pharmacy Board (if reporting)

Has the client followed the terms of their contract? Yes No

If no, explain: _____

Number of urine screens: _____ **Dates of urine screens:** _____

Any positive screens? Yes No

If yes: 1) What chemical(s) was present: _____

2) What suggested steps are to be taken: _____

Is the client making satisfactory progress towards recovery ? Yes No

If no, explain: _____

Have there been any changes in employment? Yes No

If yes, note change: _____

Are there any other significant changes? _____

Other Comments:

Submitted by: Advocate: _____

Date: _____

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