

DIVISION OF BEHAVIORAL HEALTH AND RECOVER (DBHR)

DBHR Target Treatment Activities

ADMISSION DATE	
AGENCY NUMBER	

rioditir dila riocorory											
				SECTION I: CLIENT IDENTIFICATIO							
1. LAST NAME				2. FIRST	NAME		3. MIDI	DLE NAME	4. DA	ATE OF BIRTH	
SECTION II: TREATMENT ACTIVITIES											
ACTIVITY CODES											
ACTIVITY TYPE (CODE 1)					ATTENDANCE (CODE 2) CHILDCARE TYPE (CODE 3)						
· · · · · · · · · · · · · · · · · · ·			dual (I) dual (Gambling) (D)					me Care (H)			
• ,				adone/Opia	O, (,				ed Childcare Center (L) ed Family/Home Care		
				ndency Dos		(C)			ed i anniy/Home Care		
Conjoint (with client) (J)			(R)			1 ' '			pplicable (N)		
Family (without client) (F)				Analysis (F				e Facility (F)			
Group (G)			Urina	alysis Sample (U)					ve Care (R)		
Group (Gambling) (B)					l			peutic Center (T) wn (U)			
ACTIVITY		ACTIVITY TIME		ACTIVITY	DURATION	ATTEND	STAFF	NUMBER	CHILD	OPIATE	
DATE				TYPE (CODE 1)	ACTIVITY HOURS	(CODE 2)	ID	OF CHILDREN	CARE TYPE	DEPENDENCY DOSE (MG)	
				(0002 1)	HRS MIN			OFFICER	(CODE 3)	DOOL (MO)	
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		•						
	:	☐ A.M.	☐ P.M.		# #						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		:						
	:	☐ A.M.	☐ P.M.		•						
	:	☐ A.M.	☐ P.M.								
	:	☐ A.M.									
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	:	☐ A.M.	□ P.M.		:						