

**Virginia Health Practitioners' Monitoring Program  
Monthly 12-Step Group Attendance Report – Substance Use Disorder**

Name of Participant: \_\_\_\_\_ Client # \_\_\_\_\_ CM: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Reporting Month: \_\_\_\_\_, 20\_\_\_\_ Sobriety Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Twelve-Step Meetings (Group Type A):** (Examples: AA, NA, CA, SA, Al-Anon, CODA, etc.)

Number of meetings required: 12 Number of meetings attended: \_\_\_\_\_

Do you have a sponsor?  Yes  No

Number of contacts: Telephone \_\_\_\_\_ Face-to-Face \_\_\_\_\_ Meetings \_\_\_\_\_ Other \_\_\_\_\_  No Contact

**Healthcare Professionals Meetings (Group Type B):** (Examples: Caduceus, IDAA, Nurse's Support Group, etc.)

**Required Treatment/Aftercare Groups Do Not Count Toward Required Healthcare Professionals Meetings**

Number of meetings required: 2 Number of meetings attended: \_\_\_\_\_

**Complete date, the meeting topic, and if you shared.** (Please use additional pages if necessary)

**Group Type A**

Week	Date	Topic Discussed	Did You Share?
1	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
1	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
1	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Group Type B**

Week	Date & Location	Topic Discussed	Did You Share?
1	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**What have you gained from meeting attendance this month?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What step are you currently working on?** \_\_\_\_\_

*(Please fax this form to 804-828-5386 by the 10<sup>th</sup> of the month. Thank you for your cooperation!)*

**For Office Use Only:**

Date Received by HPMP: \_\_\_\_\_ Case Manager: \_\_\_\_\_