Substance Abuse/Mental Health Program
Daily Treatment Log

(Note: Allowing clients to see the names or signatures of other clients violates federal confidentiality regulations regarding disclosure of drug or alcohol treatment records.)

Client _____

Vendor _____

Month/Year _____

Date of Service	Type of Service Provided (For 1012 Sweatpatch, indicate whether applied, removed, or both)	Time In	Client Initials	Time Out	Client Initials	Vendor Initials

This form is to be maintained in defendant/offender file and is to be completed for every contact. A copy is to be submitted with the monthly invoice and will be used for certification of charges submitted for payment.

*Sweatpatch only to be billed in month of removal.