

PROGRESS REPORT

Drug Abuse Program

Progress Report Date: 05/08/2003

AGENCY

New Genesis Counseling Services, Inc.
77 North Pacific Coast Hwy
Suite 211
Aliso Laguna, CA 92699
Phn: (949) 568-8999 Fax: (949) 568-8888
mikeroberts @ genesissvc.com

PROGRESS REPORT

CLIENT: **Eugene Timothy Baker**

DOB: 04/12/1977 SSN: 221-45-6788

Case Nbr 384509384059

DATE NEXT COURT: 06/27/2003

Referring Source:

Long Beach Municipal Court
774 Long Beach Blvd
Long Beach, CA 88888

LEVEL OF CARE

- | | |
|--|---|
| <input type="checkbox"/> Detox | <input type="checkbox"/> Education/Intervention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Intensive Outpatient |
| <input type="checkbox"/> Aftercare | <input checked="" type="checkbox"/> Day Treatment |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Perinatal Treatment |
| | <input type="checkbox"/> Narcotic Replacement |

ATTENDANCE

SESSIONS: 20 OTHER; SPECIFY ...
ABSENCES: 1
% ATTENDANCE: 95
 TERMINATED

LEVEL OF INVOLVEMENT

- | | |
|--|-------------------------------|
| <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> FAIR |
| <input checked="" type="checkbox"/> GOOD | <input type="checkbox"/> NONE |
| <input type="checkbox"/> POOR | |

FEES PAID

UP TO DATE
BEHIND: \$50.00
AHEAD:

Client Identified Drug of Choice: ABC Drug

DRUG TEST RESULTS

Test Date	Neg	Pos	Drugs Found
01/03/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
05/27/2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	List of Substances Found

COMMENTS / RECOMMENDATIONS

Report Comments go here

I DECLARE THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT BASED UPON THE REQUIREMENTS OF THIS PROGRAM AND THE CALIFORNIA STATE STANDARDS FOR BATTERERS PROGRAMS.

Signature: _____

Authorized Representative

Date Signed: 06/06/2003

Printed Name: Dr Michael Roberts

Title: Director

Prepared by Guided Beacon™