



## Clinical Supervision Case Presentation Format

**CLIENT NAME:** \_\_\_\_\_ **ID#** \_\_\_\_\_

<b>DATE:</b>	
<b>I.</b>	<b>AODA Tx History / Longest Clean Time / Reason for Tx:( Referred BY)</b>
<b>II.</b>	<b>AODA (Stage of Change with supporting evidence):</b>
<b>III.</b>	<b>Diagnosis: (AODA &amp; Mental Health):</b>
<b>IV.</b>	<b>Psychiatric History: (Treatment &amp; Medications):</b>
<b>V.</b>	<b>Treatment plan goals (addressed in Individual sessions): Any Assignments</b>
<b>VI.</b>	<b>Medical History (Previous &amp; Current) Any Medications taken</b>
<b>VII.</b>	<b>Progress / Issues in Tx:</b>
<b>VIII.</b>	<b>Violations/Interventions</b>
<b>IX.</b>	<b>Discharge Planning</b>