

ARIZONA STATE BOARD OF NURSING

CANDO and Monitoring Programs
1740 WEST ADAMS STREET, SUITE 2000
PHOENIX, ARIZONA 85007-2607
TELEPHONE (602) 771-7865



(602)771-7865 (CANDO) & (602)771-7860 (Monitoring)

CANDO Program email: cando@azbn.gov Monitoring Program email: monitoring@azbn.gov

AFTERCARE REPORT

CLIENT'S NAME: _____ PROGRAM: CANDO MONITORING

COUNSELOR NAME: _____ AGENCY: _____

ADDRESS: _____ PHONE: _____

COUNSELOR SIGNATURE: _____ DATE: _____

REPORT PERIOD: from _____ to _____

This client is required through an Agreement with the Arizona State Board of Nursing, to submit this report every 2 months (CANDO) / 3 months (Monitoring). It is the client's responsibility to allow you adequate time to complete and return this form. Your input is important to the monitoring process for this nurse. Please complete this form and return it to the address or fax above.

Date of first Aftercare session: _____

Number of sessions attended since last report: _____

Number of sessions missed since last report and reasons: _____

If absent, did the client inform you ahead of time in a responsible manner: Yes No

Is the client making satisfactory progress: Yes No

Has the client taken an active and motivated role in his/her work with you: Yes No

Is the client gaining an understanding of relapse warning signs: Yes No

To the best of your knowledge, do you believe the client is maintaining abstinence from all mind altering or addictive substances, including alcohol? Yes No

Problem areas addressed or concerns regarding the client: _____

Referrals or recommendations made to the client: _____
