

ARIZONA STATE BOARD OF NURSING
4747 NORTH 7TH STREET, SUITE 200
PHOENIX, ARIZONA 85014-3655
TELEPHONE(602) 771-7800 FAX (602) 771-7882

ATTENTION: "MONITORING"

AFTERCARE REPORT

_____ is required to have submitted on his/her behalf, an aftercare report and evaluation every _____ months. Please complete this form and return it to the address shown above.

Report On: _____
Name of Nurse Attending Aftercare

Date of Report: _____

Date Joined Aftercare: _____

Number of Sessions Attended Since Last Report: _____

Number of Sessions Missed Since Last Report: _____

Reasons Given for Absence: _____

Problem Areas Addressed: _____

Is this Nurse Making Satisfactory Progress: Yes No

Comments: _____

Referrals or Recommendations Made to Nurse: _____

Compliance with Previous Referrals or Recommendations: _____

Signature of Aftercare Facilitator

Agency

Title

Address

Telephone #

City/State Zip