

Queens Hospital Center  
Harm Reduction Services  
AOD Attendance Sheet

Date: \_\_\_\_\_

	<b>Print First Name And Last Initial</b>	Medical Records #	Intake & Assessment	AOD Individual Counseling	AOD Group Counseling	AOD Family Counseling	Assessme nt & Referral For STI	Screening & Referral For Substance Use	Overdose Prevention Training Group
<b>1</b>									
<b>2</b>									
<b>3</b>									
<b>4</b>									
<b>5</b>									
<b>6</b>									
<b>7</b>									
<b>8</b>									
<b>9</b>									
<b>10</b>									
<b>11</b>									
<b>12</b>									

Daily Attend Sht.2

**Other Programmatic Services**

1. Care Coordination, 2. Crisis Intervention, 3. Escort, 4. Reassessment, 5. Reengagement, 6. Referral, 7. Service Plan Development, 8. Service Plan Update.

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<b>13</b>									
<b>14</b>									
<b>15</b>									
<b>16</b>									
<b>17</b>									
<b>18</b>									
<b>19</b>									
<b>20</b>									
<b>21</b>									
<b>22</b>									

DDaily Attend Sht.

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**Medical Records #**

**Intake & Assessment**

**AOD Individual Counseling**

**AOD Group Counseling**

**AOD Group Counseling**

**AOD Family Counseling**

**Assessment & Referral  
For STI**

**Screening & Referral  
For Substance Use**

**Overdose Prevention  
Training Group**

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