



**AOT MONITORING REPORT**

Client Information	
<b>Client Name:</b> Chose an item.	<b>Week Ending:</b> Click or tap to enter a date.
<b>NC AOT Coordinator:</b>	<b>Care Coordinator:</b>
	<b>Financial Management:</b> <input type="checkbox"/> N <input type="checkbox"/> Y

Provider Services			
Type	Provider	Dates	Service Type
<b>Psychiatric:</b>		Click or tap to enter a date.	Choose an item.
<b>Care Coordination:</b>		Click or tap to enter a date.	Choose an item.
<b>Substance Abuse:</b>		Click or tap to enter a date.	Choose an item.
<b>Provider/ Coordinator Change:</b> <input type="checkbox"/> N <input type="checkbox"/> Y		<b>Effective Date:</b> Click or tap to enter a date.	
<b>New Provider or Coordinator:</b> Enter text to Describe Provider Changes.			

Medication Compliance			
<b>IM Status:</b> <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/> Y	<b>Last IM Date:</b> Click or tap to enter a date.	<b>Next IM Date:</b> Click or tap to enter a date.	
<b>Oral Status:</b> <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/> Y	<b>Blood Monitoring:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Y	<b>Draw Date:</b> Chose a date.	<b>Result:</b> Choose an item.
<b>Medication Changes:</b> <input type="checkbox"/> N <input type="checkbox"/> Y		<b>Effective Date:</b> Click or tap to enter a date.	
Enter text to Describe Medication Changes OR Noncompliance (list which medications, [IM/Oral], with specific dates, etc).			

Treatment Compliance	
<b>Client is Compliant with Treatment</b> <input type="checkbox"/> N <input type="checkbox"/> Y	(If No, Describe below)
Enter text to Describe Treatment Noncompliance.	

Substance Use/Abuse <input type="checkbox"/> N/A			
<input type="checkbox"/> <b>Current Abstinence</b>	<b>Evidenced By:</b>	<b>Toxicology:</b> Click or tap to enter a date.	<b>Results:</b> Choose an item.
<input type="checkbox"/> <b>Current Use/Abuse</b>		<b>Breathalyzer:</b> Click or tap to enter a date.	<b>Results:</b> Choose an item.
<b>Select Positive Substances:</b> Choose an item. Choose an item. Choose an item. Type "Other Substance(s)"			

Client Status Updates			
<b>Hospitalized/ Inpatient This Week</b> <input type="checkbox"/> N <input type="checkbox"/> Y		<b>Incarcerated This Week</b> <input type="checkbox"/> N <input type="checkbox"/> Y	
<b>Admit Date:</b> Click or tap to enter a date.	<b>Discharge Date:</b> Click or tap to enter a date.	<b>Admit Date:</b> Click or tap to enter a date.	<b>Discharge Date:</b> Click or tap to enter a date.
<b>Location:</b> Click or tap here to enter text.		<b>Location:</b> Click or tap here to enter text.	
<b>Reason:</b> Choose an item.		<b>Reason:</b> Click or tap here to enter text.	
<b>SER Submitted This Week</b> <input type="checkbox"/> N <input type="checkbox"/> Y		<b>Pickup Order This Week</b> <input type="checkbox"/> N <input type="checkbox"/> Y	
<b>SER Date:</b> Click or tap to enter a date.		<b>Pickup Order Date:</b> Click or tap to enter a date.	

Housing	
<b>Type:</b> Choose an item.	<b>Provider:</b>
<b>Status Change:</b> <input type="checkbox"/> N <input type="checkbox"/> Y	<b>Effective Date:</b> Click or tap to enter a date.
<b>Describe:</b> Click or tap in here to enter text to update Address, Housing Type, or Provider, etc.	
<b>SPA Application:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> To be submitted	

<b>Prepared By:</b> Click or tap here to enter text.	<b>Date:</b> Click or tap to enter a date.
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