

Withdrawal Management Observation Log

Client Name: _____ Client ID #: _____

Admission Date: _____ Admission Time: _____ Observation Date: _____

Substance(s)/Date(s) of Last Use: _____

Time	Client Activity	Location	Initial	Time	Client Activity	Location	Initial

Observation Status: Continued Decreased Discontinued

Rationale: _____ Initials/Time: _____

Observer Printed Name/Signature/Credential	Initials	Observer Printed Name/Signature/Credential	Initials
1)		3)	
2)		4)	