

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
EARLY INTERVENTION MONTHLY ACTIVITY REPORT (VR)

MO.	YR.	PRNUMBER	FACILITYNAME	AGENCYCONTACTPERSON	TELEPHONENO. ()
-----	-----	----------	--------------	---------------------	------------------------

SEQUENTIAL INTERVENTION PROCESS <hr style="width: 20%; margin: auto;"/> PATIENT ACTIVITY			TOTAL	PATIENT CHARACTERISTICS																
				GENDER		RACE/ETHNICITY				AGE					DISABILITY					
				MALE	FEMALE	WHITE	BLACK	HISPANIC	OTHER	19 And Under	20 - 34	35 - 44	45 - 54	55 - 64	65 And Over	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
I. Identification	1. VESID Intakes																			
	2. Screenings	a. Total HHF																		
		b. Positive HHF																		
	3. Observations	a. Staff																		
b. Vendor																				
4. Self																				
II. Assessment	5. Assessments - Total																			
	6. No Problem																			
III. Intervention	7. Relapse Prevention																			
	8. Brief Interventions																			
	9. Full Interventions																			
IV. Referral	10. Drug Abuse Treatment Referrals	a. Total																		
		b. Ambulatory																		
		c. Detoxification																		
		d. Residential/Rehab.																		
		e. Other																		
	11. Other Chemical Dependency (C.D.) Treatment Referrals	a. Total																		
		b. Outpatient																		
		c. Detoxification																		
		d. Inpatient																		
		e. Other																		
12. Self-Help Only Referrals																				
13. Other Professional Help																				
14. Refused Referrals	a. Total																			
	b. Education Provided																			
V. Follow-Up	15. Follow-Up (Drug Treatment)																			
	16. Appeared for Intake (Drug Treatment)																			
	17. Follow-Up (Other C. D. Treatment)																			
	18. Appeared for Intake (Other C. D. Treatment)																			