

**\*See KEY Below\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **First Name** | **Last Initial** | **Phone #** | **City of Residence** | **\*Reason for Visit** | **\*Insurance** | **IDOC Status** | **Opiate Use**  **Y/N** | **Time In** | **Time Out** |
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**REASON FOR VISIT:** **RS**(Resources) **RC**(Recovery Coach) **SG**(Support Group) **C**(Computer) **H**(Housing) **T**(Treatment) **E**(Employment) **R**(Referral) **RE**(IDOC Re-Entry) **V**(Visit) **HL**(Homeless) **CS**(Community Service) **VO**(Volunteer)

**INSURANCE**: **NI**(No Insurance) **Medi**(Medicare/Medicaid) **O**(Other) **BPA**

**IDOC** **Status**: **MP**(Misdemeanor P&P) **FP**(Felony P&P)