



RE: _____ DOB: _____ Case No. _____

Dear _____,

In response to your information request regarding the above-referenced client, Rainbow Treatment Center has collected the following information for your confidential use:

Completed his/her RTC Assessment Inventory: _____
DATE

Completed his/her RTC Multi-Modal Assessment: _____
DATE

Completed his/her Treatment Plan: _____
DATE

Client was referred to _____: _____
NAME OF PROGRAM DATE

Participated in the Wellness Track Outpatient Program

Was admitted to New Dawn Intensive Outpatient Treatment: _____
DATE

Participated in New Dawn Intensive Outpatient Treatment

Completed New Dawn Intensive Outpatient Treatment: _____
DATE

Discharged from Intensive Outpatient Treatment: _____
DATE

Client abandoned Intensive Outpatient Treatment: _____
DATE

Client could not be reached by phone. Contact was attempted on these dates:

_____, _____, _____, _____, _____.

Client declined services on this date: _____, citing these reasons:
DATE

If you have any questions or concerns, please call me at (928) 338-4853. Thank you.
Sincerely,

_____, Primary Guide

PRINTED NAME OF PRIMARY GUIDE