

**AA/NA/SUPPORT GROUP OR AFTERCARE MEETINGS REPORT**

- **NURSE'S NAME:** \_\_\_\_\_
- **GROUP NAME:** \_\_\_\_\_
- **GROUP LOCATION:** \_\_\_\_\_
- **DATE ATTENDED:** \_\_\_\_\_

**TYPE OF GROUP:**                      **AA**                      **SPEAKER**  
(Check those that apply)            **NA**                      **DISCUSSION**  
   **ANIR**                    **STEP**  
   **OTHER**                **BIG BOOK STUDY**  
   **OPEN**  
   **CLOSED**

**WHAT WAS THE SUBJECT OF THE MEETING?** \_\_\_\_\_  
\_\_\_\_\_

**WHAT IN THE TALK OR COMMENTS APPLIES TO YOU?** \_\_\_\_\_  
\_\_\_\_\_

**WHAT DID YOU LEARN FROM THIS MEETING?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NURSE'S SIGNATURE:** \_\_\_\_\_

**AA/NA/SUPPORT GROUP LEADER'S (chairman or secretary)**

**SIGNATURE (1st name, last initial is sufficient):** \_\_\_\_\_

**OR**

**AFTERCARE COORDINATOR'S COMMENTS REGARDING CLIENT'S PARTICIPATION IN THIS AFTERCARE MEETING:** \_\_\_\_\_  
\_\_\_\_\_

**AFTERCARE COORDINATOR'S SIGNATURE:** \_\_\_\_\_