

Detoxification Observation – Physical Check Log**Instructions for completion of this form****Return completed form to the address designated below:**

Licensing and Certification Division
SUD Licensing and Certification Section
PO Box 997413, MS 2600
Sacramento, California 95899-7413
Email: LCDSUDApplication@dhcs.ca.gov

Do Not Leave any questions, boxes, lines, or fields blank. Enter N/A if not applicable.

Please Note: Read all the instructions included on this form carefully and complete each item requested. For additional information regarding licensure of a residential alcoholism or drug abuse recovery or treatment facility providing alcoholism or drug abuse treatment or recovery services, please review Health and Safety Code section 11834.01 et seq. For additional information regarding the certification of an alcohol and other drug program providing alcohol and other drug (AOD) services, please review Health and Safety Code section 11832 et seq. This form can be used for licensure of a residential alcoholism or drug abuse recovery or treatment facility and/or certification of an alcohol and other drug program. Accordingly, terminology applicable for licensure (including “resident” and “facility”) and terminology applicable for certification (including “client” and “program”) are both referenced within this form.

This form should be completed for each resident or client receiving detoxification services.

For residential detoxification services, during the first seventy-two (72) hours following admission of a resident for detoxification services, staff or a HCP shall perform a physical check within three (3) feet of the resident and document the location, respiration, appearance, behavior, and activity of the resident, at least once every thirty (30) minutes.

For outpatient detoxification services, staff shall perform a physical check by entering the location where a client is present and document their appearance, behavior, and activity every 60 minutes. Monitoring is required while a client receiving outpatient detoxification services is physically present at the program except when a client attends a group or individual counseling session.

Resident/Client Name – Enter the first and last name of the resident or client.

Date of Admission – Enter the date the resident or client was admitted to the facility or program.

Time of Admission – Enter the time the resident or client was admitted to the facility or program.

Date – Enter the date of the physical check.

Time – Enter the time of the physical check.

Location – Enter the resident or client’s location (i.e., bedroom, kitchen, patio, etc.).

Respiration – Verify the resident's respiration was observed and check the appropriate box: Yes or No.

Appearance – Enter the resident or client’s appearance (i.e., gait, clothes, grooming, etc.).

Behavior – Enter the resident or client’s behavior (i.e., alert, expression, responsiveness, ability to follow commands or requests of staff, etc.).

Activity – Enter the resident or client’s activity (i.e., smoking, sleeping, eating, watching tv, etc.).

Printed Full Name of Staff or HCP – Enter the first and last name of the staff or HCP that performed the physical check.

Initial – Enter the initials of the staff or HCP who performed the physical check.

Resident/Client Name:					Date of Admission:	Time of Admission:
Date	Time	Location	Respiration	Appearance, Behavior, and Activity	Printed Full Name of Staff or HCP	Initial
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			

Use additional pages as necessary.