

# GROUP PARTICIPATION RECORD

DATE	DAY	LEVEL OF PARTIC.	TIME	SUBJECT	LEVEL OF PARTICIPATION
_____	Monday		A.M.	Day Treatment	2W SIGNATURE SIGNATURE
_____	Tuesday		P.M.	Afternoon Treatment	2W SIGNATURE SIGNATURE
_____	Wednesday		A.M.	Day Treatment	2W SIGNATURE SIGNATURE
_____	Thursday		P.M.	N/A Meeting	6A SIGNATURE SIGNATURE
_____	Friday		A.M.	No Meeting	SIGNATURE SIGNATURE
_____	Saturday		P.M.	Afternoon Treatment	2W SIGNATURE SIGNATURE
_____	Sunday		A.M.	Day Treatment	2W SIGNATURE SIGNATURE
_____	Comments			Big Book	2W SIGNATURE SIGNATURE
_____				Day Treatment	2W SIGNATURE SIGNATURE
_____				Afternoon Treatment	2W SIGNATURE SIGNATURE
_____				Meeting	6A SIGNATURE SIGNATURE
_____				Meeting	6A SIGNATURE SIGNATURE



MR.RHGROUP



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*A Ministry of the Sisters of Charity Health System*

PATIENT LABEL