

GROUP PARTICIPATION RECORD

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



MR.RHGROUP

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A Ministry of the Sisters of Charity Health System



PATIENT LABEL