



NURSE SPONSOR REPORT

Client Name: _____

Monthly/Quarterly Report from: _____ to _____
Mo/day/yr Mo/day/yr

What step is your sponsee working? _____

Any comments? _____

How often has your sponsee contacted you since your last report? _____

Do you feel your sponsee is attending enough meetings? _____

Why or why not? _____

Is there any information you feel we need to know that would be useful in assisting this person in their recovery?

Please indicate at least one preferred method for us to contact you.

Sponsor's First Name

Last Initial

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

This report is due by the _____ of each month.
(See web site for due dates.)

Mail or Fax Original To:

Metro Denver, Northern and Southern:
Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231
Phone: 303.369.0039 or 866.369.0039
Fax: 720.213.1007

Western Slope Clients Only:
Peer Assistance Services, Inc.
200 Grand Avenue, Suite 260
Grand Junction, CO 81501
Phone: 970.986.4360
Fax: 970.241.9094