



HEARTHSTONE FOUNDATION *Reaction Report & Meeting Sheet*

This Reaction report is to be initialed by 12 Step Chair Person to be complete.

To complete Treatment you must provide documentation of attendance.

CLIENT NAME: _____ **PROGRAM: Outpatient Treatment** _____

MEETING ATTENDED: AA ___ NA ___ **DATE/TIME:** _____
LOCATION: _____ **TOPIC:** _____
REACTION/BENEFITS EXPERIENCED: _____

Chair Initials: _____

MEETING ATTENDED: AA ___ NA ___ **DATE/TIME:** _____
LOCATION: _____ **TOPIC:** _____
REACTION/BENEFITS EXPERIENCED: _____

Chair Initials: _____

MEETING ATTENDED: AA ___ NA ___ **DATE/TIME:** _____
LOCATION: _____ **TOPIC:** _____
REACTION/BENEFITS EXPERIENCED: _____

Chair Initials: _____

MEETING ATTENDED: AA ___ NA ___ **DATE/TIME:** _____
LOCATION: _____ **TOPIC:** _____
REACTION/BENEFITS EXPERIENCED: _____

Chair Initials: _____

MEETING ATTENDED: AA ___ NA ___ **DATE/TIME:** _____
LOCATION: _____ **TOPIC:** _____
REACTION/BENEFITS EXPERIENCED: _____

Chair Initials: _____

MEETING ATTENDED: AA ___ NA ___ **DATE/TIME:** _____
LOCATION: _____ **TOPIC:** _____
REACTION/BENEFITS EXPERIENCED: _____

Chair Initials: _____

MEETING ATTENDED: AA ___ NA ___ **DATE/TIME:** _____
LOCATION: _____ **TOPIC:** _____
REACTION/BENEFITS EXPERIENCED: _____

Chair Initials: _____