

12 – Hours Intensive Observation Log (DETOX)

Client Name: _____ Client ID #: _____

Admission Date: _____ Admission Time: _____

Time	Client Activity	Initial	Time	Client Activity	Initial
12:00 a.m.			12 noon		
12:30 a.m.			12:30 p.m.		
1:00 a.m.			1:00 p.m.		
1:30 a.m.			1:30 p.m.		
2:00 a.m.			2:00 p.m.		
2:30 a.m.			2:30 p.m.		
3:00 a.m.			3:00 p.m.		
3:30 a.m.			3:30 p.m.		
4:00 a.m.			4:00 p.m.		
4:30 a.m.			4:30 p.m.		
5:00 a.m.			5:00 p.m.		
5:30 a.m.			5:30 p.m.		
6:00 a.m.			6:00 p.m.		
6:30 a.m.			6:30 p.m.		
7:00 a.m.			7:00 p.m.		
7:30 a.m.			7:30 p.m.		
8:00 a.m.			8:00 p.m.		
8:30 a.m.			8:30 p.m.		
9:00 a.m.			9:00 p.m.		
9:30 a.m.			9:30 p.m.		
10:00 a.m.			10:00 p.m.		
10:30 a.m.			10:30 p.m.		
11:00 a.m.			11:00 p.m.		
11:30 a.m.			11:30 p.m.		