

Sr. No.

MONTHLY REPORT OF THE SUD TREATMENT CENTRES AND REAHBILITATION.

Name of the SUD treatment centre and Rehabilitation:.....

Name of the District:.....

Reporting Month and year:.....

Sr. No.	Substance abuse	Number of New patients		Number of old patients		Number of patients discharged		Total
		Males	Females	Males	Females	Males	Females	
1.	Alcohol							
2.	Cannabis							
3.	Opium							
4.	Alcohol and cannabis							
5.	Cannabis and Opium							
6.	Mixed (Alcohol, Cannabis and Opium)							
7.	Others							
		Total number of patients						
		Total number of discharge						-
Total number of present patients								

STOCK POSITION OF THE MEDICINE USED IN DE-ADDICTION

Sr. No	Type of Medicine	Purchased during the month	Source of purchase	Quantity	Expenses	Balance
1.	Benzodiazepines					
2.	Opioids					
3.	Sedatives/ Hypnotiocs					
4.	Any other Psychoactive drugs					

Date.....

Authorized signatory
Name and mobile