



Detox Note

Client Name: _____ Date/Time: _____

Vital Signs:

Weight: _____ Height: _____ BMI: _____

BP: _____ Pulse: _____ Resp: _____

Temp: _____ PO2: _____ Glucose: _____

COWS (total): _____ CIWA: _____

Staff Signature

Date/Time:

Hard Copy