

# RECOVERY MEETING TRACKSHEET

I, \_\_\_\_\_ (MRN: \_\_\_\_\_) verify I have attended recovery meetings (IE. Alcoholics Anonymous, Smart Recovery, Refuge Recovery, etc.) on the dates recorded below:

DATE & TIME	GROUP NAME	VIRTUAL / IN-PERSON	FACILITATOR NAME <i>(please obtain signature if attending in-person)</i>
<i>ie. 1/1/2023 (10am)</i>	<i>12 Step Study Group</i>	<i>Virtual</i>	<i>Bruin Bear</i>

Please make copies of this blank form as needed. Original copies can be mailed to your transplant coordinator and/or faxed if more convenient.

**Completed forms should be mailed to:**  
UCLA Liver Transplant  
924 Westwood Boulevard, Suite 740  
Los Angeles, CA 90095

**Completed forms can also be faxed to:**  
(310) 983-3571