

Physicians' Health Programs PHP MONITOR REPORT FORM



Participant Name _____

Date _____

Location of Session _____

Direct Line - (717) 558-7819 FAX Line - (717) 558-7818 Message Line - (717) 558-7817 Toll Free - (866) 747-2255

SELF-HELP PROGRAM INVOLVEMENT

- _____ AA/NA meetings/week
- _____ Caduceus group meetings/week
- _____ Has a sponsor
- _____ Has home group _____
- _____ Other (specify) _____

**PROFESSIONAL THERAPY INVOLVEMENT
THERAPIST/CLINIC**

- Individual _____/month
- Group _____/month
- Family/marriage _____/month
- Other (specify) _____

PHYSICIANS' HEALTH PROGRAM INVOLVEMENT

- Urine monitoring _____
- Phone contact with staff _____
- Personal contact with staff _____
- Other (specify) _____

PROFESSIONAL LIFE DEVELOPMENT

- Very well
- Fairly well
- Problem area (specify)
- _____ hrs/week of work
- _____ hrs/CME

FAMILY LIFE

- Very well
- Fairly well
- Problem areas
- Family self-help groups
- Family counseling
- _____ hrs/week "just family"

PHYSICAL HEALTH

- Non-med mood-altering use
(specify) _____
- OTC meds (specify) _____
- Prescription use w/med supervision
(specify) _____
- Other (specify) _____

OTHER

- Legal problems
- Board problems
- DEA problems

ADDITIONAL NOTES

CONTINUOUS RECOVERY SINCE:

RECOMMENDED CHANGES IN RECOVERY PLAN:

COMMENTS:

**Approximate number of meetings with participant in
this time period -- _____**

PERCEPTION OF STATUS (CIRCLE ONE)

PROGRESSIVE RECOVERY STABLE REGRESSION POOR

Last call to PHP: _____

TO BE SEEN AGAIN _____
Date

Print name of monitor: _____

Signature