



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

PHP MONITOR REPORT FORM

Participant Name: _____

Date: _____

Report Period: Q1 Q2 Q3 Q4 (Circle One)

Location of Session: _____

Direct Line - (717) 558-7819

FAX Line - (717) 558-7818

Emergency Line - (717) 558-7817

How many times did you meet with your monitoree this quarter? _____

Did you see your monitoree at any Caduceus Meetings? Yes No

Do you have any concerns at this time regarding your monitoree? Yes No

If yes, please explain:

Any recommended changes in recovery plan?

Perception of Status (Circle One):

Progressive Recovery

Stable

Regression

Poor

Should the PHP be following up on any areas of concern?

- | | |
|--|--|
| <input type="checkbox"/> Therapy | <input type="checkbox"/> 12-Step meeting/Caduceus attendance |
| <input type="checkbox"/> Family Life | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Work/Professional Development | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Other _____ | |

Please list any specifics:

Would you like the PHP to call you to discuss any concerns? Yes No

ATTENTION: The PHP monitor should return this report directly to the PHP after completion.

Print Name of Monitor: _____

Signature: _____ Date: _____

Thank you for supporting your peers. Please remember the PHP is only a phone call away if you have any questions or concerns.