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 - (855) 933-2605 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?
☐ Therapy ☐ 12-Step meeting/Caduceus attendance
☐ Family Life ☐ Physical Health
☐ Work/Professional Development ☐ Legal problems
☐ 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.