



**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 - (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?**

- |  |  |
|--|--|
| <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.