



Medical Professionals Health Program Monthly Self-Assessment Report

Complete this form and submit to MPHP by the 1st of the month

Name: _____ Reporting Month: _____

Regulatory/Mandated Participant || Voluntary Participant Sobriety Date: _____

Part I: Status Changes: Please check “Yes” or “No” to indicate any changes in the past month.

- 1. Address (residence, phone, email) YES NO
- 2. Legal (traffic, civic, criminal) YES NO
- 3. Board Actions / Licensure Status..... YES NO
- 4. Employment YES NO
- 5. Work Monitor / Supervisor YES NO
- 6. Emergency Contact YES NO
- 7. Major Life Events (Divorce, Death in Family, Family Changes, Bankruptcy) YES NO
- 8. Medical (diagnosis, medications*) YES NO
- 9. Mental Health (treatment, medications*) YES NO

*Remember to update **Prescriptions Report** with any changes in medications. Remember that all scheduled or controlled medications need verification by providing note from prescriber, copy of label, or copy of prescription.

If you answered “YES” to any questions 1 through 9, please explain changes and update information here:

→ 10. How many hours per week are you working? _____ Employer: _____

11. Are you working more or less than you would like? MORE || LESS || THE RIGHT AMOUNT

12. Any travel plans in the next month? (If yes, contact your clinical coordinator with details) YES NO

Part II: Compliance Review: Are you in compliance with your MPHP Treatment Plan Agreement?

- 13. Are you abstaining from drugs and alcohol? YES NO
- 14. Are you meeting with your treatment team as required? YES NO
- 15. Have you sent all board communications to MPHP? YES NO
- 16. Are you up to date financially with MPHP and Affinity? YES NO

If you answered “NO,” to any questions 13 through 18, please elaborate here:

Part III: Self-Care Regimen:

1. Are you currently practicing good self-care? Check all that apply:
 Sufficient Sleep Balanced Meals Regular Exercise Supportive relationships
2. What have you done this month to better care for your own physical and mental health?
3. What are warning signs that you need to enhance your recovery efforts and/or self-care?
4. What warning signs did you experience this month? How did you respond? Were your efforts successful?
5. What stressors did you experience this month? How did you respond? Were your efforts successful?
6. What have you done that helped connect you with your community this month? List any group, community, or volunteer activities you have participated in.
7. Who are your supports in recovery? How have they supported you this month?
8. What is the hardest thing for you right now in dealing with your disease and/or recovery?
9. If you could change one thing in your life right now, what would it be?
10. What are your goals for the coming month, and how can MPHP help you realize your goals?
11. Tobacco Use: CURRENT || RESUMED || QUIT SINCE LAST REPORT || FORMER || NEVER
12. If current, have you made attempts to quit or reduce your use of tobacco products? YES NO
13. If current, are you interested in quitting or receiving information to help you quit? YES NO

Participant Signature _____

Date: _____