



Medical Professionals Health Program

Therapy Report Form

(To be completed by aftercare counselor or therapist)

You are asked to monitor the progress of one of our participants. In order to best aid colleagues in distress, we ask that you please submit this form monthly to the address below.

MPHP Participant Name: _____

Report Date: _____ Monthly Report / Quarterly Report (circle one)

How many times have you observed the participant over the reporting period? _____

Dates of visit(s): _____

Please check the appropriate finding for each listed criteria:

(S = Satisfactory; U = Unsatisfactory)

S U

- 1. Attends sessions regularly. _____
- 2. Actively participates in sessions. _____
- 3. Shares experiences and feelings freely. _____
- 4. Appears actively involved in own recovery process. _____

Please check the answer to each of the following questions:

(Y = Yes; N = No)

Y N

- 5. Does the participant appear compliant with her/his recovery program? _____
- 6. Have there been any changes in diagnosis, treatment modalities or treatment? _____
- 7. Based on what you know about this participant, do you have any new concerns that might indicate this participant may be unable to practice safely? _____

Please explain any items of concern regarding the above questions:

Additional Comments:

Would you like the MPHP to call you regarding this participant? Yes No

Therapist's Signature

Date

Therapist's Name (printed)

Phone