Maryland Physician Health Program

TREATMENT REPORT

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REPORTING SCHEDULE (CHECK)
Jan. 1 - March 31 _____
April 1 - June 30 _____
July 1 - Sept. 30 _____
Oct. 1 - Dec. 31 _____

PARTICIPANT:_____

REPORTER: _____

REPORTING PERIOD: FROM:_____ **TO:**_____

TYPE OF TREATMENT: INDIVIDUAL _____ **GROUP**_____ **OTHER** _____

CURRENT FREQUENCY _____ /_____**MONTH** _____/_____**QUARTER**

1. NUMBER OF **SCHEDULED & ATTENDED** SESSIONS WITHIN REPORTING PERIOD: _____

2. NUMBER OF **UNEXCUSED MISSED** SESSIONS WITHIN REPORTING PERIOD: _____ LIST REASON(S) _____

3. PLEASE DESCRIBE THE GOALS OF YOUR CURRENT TREATMENT AND PROGRESS MADE SINCE THE LAST REPORTING PERIOD:

4. PLEASE LIST ALL MEDICATIONS BEING PRESCRIBED AND DOSAGE AMOUNT IF *APPLICABLE:*

PLEASE PROVIDE YOUR CLINICAL ASSESSMENT AND COMMENTS REGARDING THE FOLLOWING FOR THIS REPORTING PERIOD:

	POOR				EXCELLENT
5. VOCATIONAL (COMMENTS AND RECOMMENDATIONS)	**1**	**2**	**3**	**4**	**5**
6. RELATIONSHIPS/FAMILY (COMMENTS AND RECOMMENDATIONS)	**1**	**2**	**3**	**4**	**5**
7. PERSONAL WELL-BEING/MENTAL STATUS (COMMENTS AND RECOMMENDATIONS)	**1**	**2**	**3**	**4**	**5**
8. HEALTH STATUS (COMMENTS AND RECOMMENDATIONS)	**1**	**2**	**3**	**4**	**5**
9. OVERALL (COMMENTS AND RECOMMENDATIONS)	**1**	**2**	**3**	**4**	**5**

10. IS THIS CLIENT PRESENTLY EXPERIENCING ANY PROBLEMS THAT YOU BELIEVE MAY NEGATIVELY IMPACT HIS/HER ABILITY TO SAFELY PRACTICE MEDICINE? PLEASE EXPLAIN.

11. PLEASE DESCRIBE YOUR ASSESSMENT OF THE PARTCIPANT'S CURRENT OVERALL PSYCHIATRIC/MENTAL HEALTH. PLEASE ALSO STATE THE PARTICIPANT'S PSYCHIATRIC DIAGNOSIS *IF APPLICABLE.*

12. ADDITIONAL COMMENTS (PLEASE USE A SEPARATE PAGE IF NECESSARY):

SIGNATURE:_____ **DATE:**_____

PLEASE RETURN THIS FORM BY FAX OR MAIL USING THE INFORMATION LISTED ON HEADER.
PLEASE NOTIFY THE MARYLAND PROFESSIONAL REHABILITATION PROGRAM **WITHIN 24 HOURS** OF ANY OF THE FOLLOWING:

1. A POSITIVE TOXICOLOGY SCREEN/REPORTED SUBSTANCE USE
2. APPEARING TO BE OF IMMINENT DANGER TO SELF OR OTHERS
3. BEING THE SUBJECT OF ANY DISCIPLINARY ACTIONS OR INVESTIGATIONS
4. CHANGES IN HOSPITAL OR HEALTHCARE FACILITY PRIVILEGES
5. CHANGES IN EMPLOYMENT