

Maryland Professional **Rehabilitation** Program

TREATMENT REPORT

PARTICIPANT: _____

REPORTER: _____

REPORTING PERIOD: FROM: _____ TO: _____

TYPE OF TREATMENT: INDIVIDUAL _____ GROUP _____ OTHER _____

CURRENT FREQUENCY ____/____MONTH ____/____QUARTER

REPORTING SCHEDULE (CHECK)

Jan. 1 - March 31 _____

April 1 - June 30 _____

July 1 - Sept. 30 _____

Oct. 1 - Dec. 31 _____

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
	1	2	3	4	5
5. VOCATIONAL (COMMENTS AND RECOMMENDATIONS)					
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 PARTICIPANT'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:

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| 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 | |