

**QUARTERLY PROGRESS REPORT
TO
PROFESSIONAL HEALTH MONITORING PROGRAMS (PHMP)**

Participant's Name:

License Number:

Participant's Employment Status:

Employed as a pharmacist Employed, but not as a pharmacist Unemployed

Name of employer:

Date returned to pharmacy practice: **Date of last report:**

Overall work performance: Excellent Satisfactory Poor

	Compliant	Marginal	Noncompliant
Participant's Treatment Status:			
Name of Counselor:			
Date of Last Report:			
Level of Care:			
Date Treatment Completed:			
Participant's Support Group Meeting Attendance:			
Participant's Urine Screens:			
Participant's Contact with Monitor:			
Participant's Monthly Reports to Contractor's Program:			
Participant's Payment of Contractor's Monitoring Fees:			
Participant's Overall Status in the Contractor's Program:			

Comments:

Contractor Representative Signature

Date