

**STATISTICAL REPORT
TO
PROFESSIONAL HEALTH MONITORING PROGRAMS (PHMP)**

Reporting period: _____

Total number of files opened: _____

Referred by:

- 1. PHMP: _____
- 2. Self: _____
- 3. Employer: _____
- 4. Peer/colleague: _____
- 5. Treatment provider: _____
- 6. Family/friend: _____
- 7. Anonymous: _____
- 8. Other: _____

Total number of files closed: _____

Reason:

- 1. Successfully completed: _____
- 2. Refused evaluation: _____
- 3. Refused to enroll: _____
- 4. Ineligible: _____
- 5. Withdrew from program: _____
- 6. Deceased: _____
- 7. Other: _____

Total number of active cases: _____

Total number of cases referred to PHMP by contractor's program: _____

Total number of cases jointly monitored with PHMP: _____

Contractor's Representative Signature

Date