Virginia Department of Health Professions

Compliance Monitoring
Boards of Counseling, Psychology, and Social Work
9960 Mayland Drive, Ste. 300, Henrico, Virginia 23233
804-367-4504 telephone
804-527-4435 facsimile
BSUCompliance@dhp.virginia.gov

Therapy Report – Initial Report

Therapist must complete and submit this form to the licensee's Compliance Case Manager via email or mail.

Patient Name: _____ License #: _____

Therapist's Name: _____ License #: _____

Therapist's Address: _____

Therapist's Office Phone #: _____

Have you read the conditions of the patient's Board Order? ☐ yes ☐ no
If no, please read it before submitting this document.

Date of initial evaluation: _____

Current medications:

Diagnosis (DSM-5):

Treatment Goals:

Recommended frequency of treatment:

To your knowledge, is the patient currently practicing? ☐ yes ☐ no

In your opinion, is the patient safe to practice? ☐ yes ☐ no

Additional concerns/comments:

_____ _____
Therapist's Signature **Date**