

Therapy Report – Quarterly

Therapist must complete and submit this form to the licensee's Compliance Case Manager (CCM) via email or mail. This report must be received by the CCM from 5 days before until 5 days after the end of the current quarter (e.g., if report is for the quarter ending 3/31, send between 3/26 and 4/5).

Patient's Name: _____ License No(s): _____

Therapist's Name: _____ License No(s): _____

Therapist's Address: _____

Therapist's Office Ph. #: _____

Period covered under this report (complete year and check appropriate quarter):

Year: _____	Quarter:	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec
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During this quarter:

No. of therapy sessions scheduled this quarter: _____ # attended: _____

Dates of treatment this quarter: _____

Current diagnosis: _____

Any changes in medication noted? _____ yes _____ no

If yes, list changes: _____

List the treatment goals (also include any changes in recommended frequency of treatment):

Is the patient in compliance with the treatment plans? _____ yes _____ no

Please comment in detail on how the patient is doing with regard to relevant issues. Include at least the following: recognition and insight into problems, interaction during sessions, ability to solve problems, and compliance with recommendations.

Describe your assessment of the patient's progress in treatment since the last report:

_____ Much improved _____ Somewhat Improved _____ Same _____ Somewhat worse _____ Much worse

To your knowledge, is the patient currently practicing in their capacity as a mental health provider? _____ yes _____ no

In your opinion, is the patient safe to practice in their capacity as a mental health provider? _____ yes _____ no

Signature of Therapist

Date