



**Health Professionals' Services Program Treatment Documentation Form**

HPSP Participant Name: \_\_\_\_\_

Appointment Date(s): \_\_\_\_\_

Case Number #: \_\_\_\_\_

Clinician Name/Licensure: \_\_\_\_\_

Treatment Facility (If applicable): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please check the appropriate box:

Outpatient Treatment  Individual Therapy  Medication Management  Psychiatric Care

**Please answer questions as they relate to the Licensees' compliance to treatment:**

1. Would you like a consult with the licensees' Agreement Monitor to discuss concerns? **Yes / No**
2. Has the licensee attended all required sessions? **Yes / No**

Please list dates of any absences and comments/reason given for absence:

3. Has the licensee demonstrated motivation and/or an active involvement in his/her recovery?  
**Yes / No**

Please explain:

4. Are there any current clinical concerns? **Yes / No**

If yes, please describe:



5. Have you conducted any chemical monitoring/drug tests? **Yes / No**

If yes, please list dates of tests and results:

6. If you are a prescriber: is the licensee taking medication as prescribed? **Yes / No**

Please note any changes in medication, include name of medication, dosage, number of refills and diagnosis requiring medication.

7. Any changes to your treatment plan? Any new recommendations?

8. Treatment Goals:

Next appt. date: \_\_\_\_\_

Estimated length of treatment from today: \_\_\_\_\_

**Provider: Please return compliance form to HPSP. If you are seeing licensee weekly, you may send in the form at the end of the month. You may fax form to: 503-961-7142 or mail to the address below. Please call 888-802-2843 if you have any questions or if licensee fails to attend a scheduled appointment and does not reschedule.**

\_\_\_\_\_  
Signature of clinician/treatment provider

\_\_\_\_\_  
Date

Health Professionals' Services Program  
PO Box 8668  
Portland, Oregon 97207  
Phone: 888.802.2843  
Fax: 503.961.7142  
[www.hpspmonitoring.com](http://www.hpspmonitoring.com)