

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

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

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

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. Are you requesting 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 treatment?  
**Yes / No**

If No please explain:

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

If yes, please describe:



**For Medication Prescribers:**

Is the licensee taking medication as prescribed? **Yes / No**

**Medication with addictive potential/ Psychotropic Medications and/or sedating or stimulating OTC medications**

Date of Most Recent Rx	Initial Start Date of Rx	Medication Name (Generic)	Dosage, route, freq (ex: 25 mg PO BID)	#	Condition Prescribed for	Expected duration of treatment	Can patient continue to work while taking this medication?

Any changes to your treatment plan? Any new recommendations?

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

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

**Provider: Please return compliance form to RBH Health Professionals' Services Program. 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

RBH Health Professionals' Services Program  
1220 SW Morrison St. Suite 600  
Portland, Oregon 97205-2126  
1.888.802.2843  
Fax: 503.961.7142