

Alabama Physician Health Program
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Quarterly Report

Therapeutic Monitoring Group Reporting Form- return to APHP by mail or fax.

Participant Name: _____ Report Date: _____

Group Leader Signature: _____

Group Leader Print Name _____

Group Leader Address _____

Group Leader Phone Number(s) _____

1. Dates attended this quarter: _____

Dates missed this quarter: _____

2. Effective use of support groups including 12 step meetings and sponsor.

Yes _____ No _____

3. Attitude: _____

Positive _____ Negative _____ Compliant _____ Resistive _____

4. Were any work related problems identified? Yes _____ No _____

Comments- _____
