



ALABAMA PROFESSIONALS HEALTH PROGRAM

Provided by the Medical Association of the State of Alabama

Alabama Professionals 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- _____
