



# THERAPIST REPORT

Month submitted for: \_\_\_\_\_

Client Name: \_\_\_\_\_ Contract Received:  Yes  No

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

State the number and frequency of visits: \_\_\_\_\_

Has the client complied with visits on dates scheduled?  Yes  No

If not, please explain in detail (i.e., was it a scheduling problem, what type, was it rescheduled): \_\_\_\_\_

Is the client engaged in treatment?  Yes  No

Progress: \_\_\_\_\_

Assessment of mental status: \_\_\_\_\_

Assessment of alcohol and/or substance use: \_\_\_\_\_

Do you have any concerns about the licensee's ability to perform the following tasks in the work place:

- Think critically, plan, organize, and prioritize.  Yes  No
- Remember and concentrate.  Yes  No
- Communicate effectively with health care team members.  Yes  No
- Develop and maintain a therapeutic provider-patient relationship.  Yes  No
- Respond appropriately to an emergency in the work place.  Yes  No

If "yes," please explain \_\_\_\_\_

The above named client does **not** have a physical, emotional, or psychological problem which renders him/her unstable to practice in the licensed profession with reasonable skill and safety.

Agree  Disagree

The above named client does **not** exhibit addictive behavior and/or patterns of behavior which may impair his/her ability to practice in the licensed profession with reasonable skill and safety.

Agree  Disagree

If disagree, please explain \_\_\_\_\_

Additional comments: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name/Credentials (Please Print) \_\_\_\_\_ Facility/Agency \_\_\_\_\_

Address: \_\_\_\_\_ Reports are due by the 4<sup>th</sup> of each month.

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Reports may be submitted via:**

**Email:** reports@peerassist.org      **Fax:** Last name A-L 720.213.1007      **Mail:** Peer Assistance Services  
Last Name M-Z 720.213.0002      2170 S. Parker Road, Suite 229  
Denver, CO 80231

**In Person:** Peer Assistance Services, Inc.      or      Peer Assistance Services, Inc.  
2170 S. Parker Road, Suite 229      200 Grand Avenue, Suite 270  
Denver, CO 80231      Grand Junction, CO 81501