

History and Physical Summary

Patient/Client Name:

DOB:

Dear Healthcare Provider,

The Peer Health Assistance Program provides assistance to licensees needing help in dealing with physical, emotional, psychiatric, psychological, drug abuse or alcohol abuse problems that may be detrimental to their professional practice. The primary purpose of the Program is public protection. The secondary purpose, through the process of assessment, referral to treatment, and monitoring, is to support licensees in maintaining or returning to safe professional practice.

_____ is a client in the Peer Health Assistance Program. A requirement of the program is to have a primary care provider complete an annual history and physical.

Date of Physical Exam:	
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Current health issues:

ICD 10 Diagnosis	Current Treatment	Recommendations for follow up

Provider *Printed* Name:

Date:

Provider Signature: