



Participant—Quarterly Report Interstate Monitoring

Complete the form and return to IPHP staff.
400 SW 8th Street, Suite C, Des Moines, IA 50309
www.iphp.iowa.gov

Participant Name:

Indicate which quarter this report covers.

1st Quarter (January-March) - due April 1– 20

3rd Quarter (July-Sept) - due Oct 1– 20

2nd Quarter (April-June) - due July 1-20

4th Quarter (Oct-Dec) - due Jan 1– 20

List current requirements with primary monitoring contract (i.e. therapy, group, meetings, drug screens, etc.):

Current Treatment Goals:

What if any barriers have you met in working toward your goals?

What is your current support system?

Describe any challenges and successes in your home life.

Describe any challenges and successes with your employment.

What changes if any have there been in your work status (call, hours, loss of staff, leave of absence, change in duties, etc.)?

Do you have plans to move your primary practice or residence to Iowa?

YES

NO

How many days a month do you currently practice in Iowa?

How were you able to maintain your mental health, sobriety, etc. in the face of family and work demands?

If applicable, how many self-help meetings are you attending each week?

If applicable, how often do you meet with your sponsor?

Are you in compliance with the terms of your contract/agreement with the physician health program that serves as your primary monitor?

YES

NO

If no, please explain.

Do you have any requests for the IPHP to consider?

Would you like the IPHP case manager to contact you?

YES

NO

ADDITIONAL COMMENTS OR CONCERNS:

SIGNATURE:

DATE:
