IOWA | Department of Inspections, Appeals, & Licensing

IOWA PROFESSIONAL HEALTH PROGRAMS

Quarterly Report - Therapist Form

Participant Name:	Therapist Name and Credentials: Contact Information:

Indicate which quarter this report covers:

☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

Dates of Therapy Sessions during this reporting quarter:

Primary Focus in Treatment:

Secondary Focus of Treatment:

	YES	NO
Has progress been demonstrated towards their goals? Please give an explanation.	☐	☐
What is the appointment frequency? Do you recommend a change in frequency? Please Explain.	☐	☐
Is the participant compliant with treatment (willing participant, attends appointments as scheduled, demonstrates motivation to work toward goals, etc)?	☐	☐
Does the participant have insight in to their condition? Please explain.	☐	☐

	YES	NO
Has there been a change in the participant's diagnosis? If yes, please explain.	☐	☐
Does the current diagnosis affect the participant's ability to safely practice in the field they are licensed in? Please explain.	☐	☐
Has the participant signed releases for you to communicate with their medical provider?	☐	☐
Have you communicated with the participant's medical physician this quarter?	☐	☐
To your knowledge, is the participant adherent with their IPHP contract?	☐	☐
Would you like the IPHP staff to contact you?	☐	☐
Any further Comments, Questions or Concerns?		
Therapist Signature: Date:		

PROGRAM CONTACTS:

Department of Inspections, Appeals, & Licensing
ATTN: IPHP
6200 Park Avenue Suite 100
Des Moines, 50321-1270

Medicine

Natalie Lyons
Program Coordinator
Fax: (515) 242-0155
natalie.lyons@iowa.gov

Alison Brown
Program Case Manager
Fax: (515) 242-0155
alison.brown@iowa.gov

Dental, Pharmacy, Professional Licensure

Becky Carlson
Program Coordinator
Fax: (515) 725-0642
rebecca.carlson@iowa.gov

Crystal Walker-Smith
Program Case Manager
Fax: (515) 725-0642
crystal.walker-smith@iowa.gov

Nursing

Rhonda Ruby
Program Coordinator
Fax: (515) 725-4017
rhonda.ruby@iowa.gov

Katie Barry
Program Case Manager
Fax: (515) 725-4017
katie.barry@iowa.gov