



IOWA PROFESSIONAL HEALTH PROGRAMS

Quarterly Report - Participant Form

Your Name:

Indicate which quarter this report covers:

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

List Dates of Appointments/Sessions with ALL Providers from this Quarter:

Current Symptoms & Treatment:

Are you having difficulty working on these goals? Any changes in symptoms? Please explain.

Has there been a change in your treatment and/or diagnosis? If yes, please indicate the change.

What is your current support system? Has there been any changes? Please explain and list current support systems.

Describe any challenges and/or successes in your personal life:

Describe any challenges and/or successes with your employment, co-workers, etc.:

Has there been a change in your work status such as on call, hours, loss of staff, increase in duties, etc.?

Are you able to maintain your mental health, sobriety, etc. in the face of family/personal life & work demands?

If it is part of your program requirements, are you attending self-help groups? What type of meetings do you attend and how often?

What parts of meetings do you find most beneficial?

How would you describe your involvement in your meetings?

If you participate in AA/NA, what step are you currently on?

If you have a sponsor, how often do you meet in person? How often do you talk to them?

Explanation for any missed meetings and/or appointments with your treatment team this quarter:

Are you in compliance with the terms of your IPHP Contract?

If no, please explain.

Yes

No

Do you have any plans to travel during this quarter coming up?

Yes

No

Have you experienced a return to use during this quarter?

Yes

No

Do you have any questions for your IPHP program staff?

Yes

No

Please describe how you feel your recovery/rehabilitation program is progressing, particularly making note of any barriers, events, changes, etc. that have assisted or posed any obstacles in your recovery:

Your Signature:

Date:

PROGRAM CONTACTS:

Department of Inspections, Appeals, & Licensing

ATTN: IPHP

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Medicine

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