

IOWA PROFESSIONAL HEALTH PROGRAMS
Quarterly Report - Worksite Monitor

Participant Name:	Worksite Monitor Name and Credentials:			
	Contact Information:			
Indicate which quarter this report covers:				
<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 2nd Quarter	<input type="checkbox"/> 3rd Quarter	<input type="checkbox"/> 4th Quarter	
How often are you meeting with the participant?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Dates of meetings:				
Are you aware of any changes in the following? If yes, please explain below.			Yes	No
Attendance			<input type="checkbox"/>	<input type="checkbox"/>
Personal habits or general appearance			<input type="checkbox"/>	<input type="checkbox"/>
Practice performance			<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationships			<input type="checkbox"/>	<input type="checkbox"/>
Social Behavior			<input type="checkbox"/>	<input type="checkbox"/>
Use of prescription/non-prescription drugs and/or alcohol			<input type="checkbox"/>	<input type="checkbox"/>
Please provide an explanation for your responses above:				
Are you aware of any challenges the participant faced this quarter? Please explain.				
Are you aware of any successes the participant had this quarter? Please explain.				
Do you have any concerns about the participant? Please explain.				

Do you have any concerns about the participant's ability to remain in active practice without affecting public safety? Please explain.

To the best of your knowledge, has the licensee had any restrictions to their practice and/or changes in their practice that may be affected by their impairment?

Would you like the IPHP staff to contact you?

Yes

No

Any further Comments, Questions or Concerns?

Worksite Monitor 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