



MR

MONTHLY EMPLOYEE PROGRESS REPORT FROM THERAPIST

NOTE: PLEASE FOCUS YOUR REPORT TO THOSE ISSUES THAT AFFECT WORK PERFORMANCE AND USE LANGUAGE THAT MAY BE QUOTED IN THE REPORT BY NEW AVENUES TO THE EMPLOYER. EMPLOYEE WILL RECEIVE A COPY OF THIS REPORT.

Client: _____ Month: _____

Agency: _____ Therapist: _____

Treatment plan recommendation: [] Individual [] Group [] IOP [] Self Help [] Other

1. Attendance: Please specify all dates for this month for kept and failed appointments.

2. Attitude: [] Positive [] Resistant [] Compliant [] Motivated

3. [] Compliant with recommended treatment plan.

4. [] Non compliant with recommended treatment plan.

(Please note in what area of treatment plan is member non compliant.)

5. Progress: [] Excellent [] Satisfactory [] Minimal [] None [] Condition Worse

6. Have you or are you recommending further evaluation related to this condition?

[] Primary Care [] Psychiatrist [] Psychologist [] Psychological Testing [] Other

7. Estimated date of completion: _____

8. To your knowledge what is the member's current employment status?

[] Working regular schedule [] Working reduced schedule
[] On leave [] Recommendation for leave

9. Additional comments: _____

Agency/Therapist's Signature _____

_____ Date

PLEASE FAX this form to New Avenues 574-271-5980