



# MONITORING PHYSICIAN REPORT

**To be submitted to North Dakota PHP by mail, fax or email.**

Participant Name \_\_\_\_\_

Monitoring Physician: \_\_\_\_\_

Frequency \_\_\_\_\_

Reporting Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**To be completed by Monitoring Physician:**

How often have you had personal contact since the last report? \_\_\_\_\_

Please report any observed changes (positive or negative) in the individual's behavior (circle one):

I have observed changes in the individual's attendance: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes in the individual's personal habits or general appearance: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes in the individual's practice performance: Y N NA

If yes please explain: \_\_\_\_\_

I have observed changes in the individual's interpersonal relationships: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes in the individual's social behavior: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes related to the individual's use of prescription and/or non-prescription drugs or alcohol: Y N NA

If yes, please explain: \_\_\_\_\_

Did the individual face any significant professional challenges this month? Y N NA

If yes, please explain: \_\_\_\_\_

Do you have any concerns about the individual's workplace performance? Y N NA

If yes, please explain: \_\_\_\_\_

Any additional comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Monitoring Physician

Date