



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