



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