

**Vermont Office of Professional Regulation
Treating Professional Report**

Progress reports (due on the 15th day of each month/quarter) are required for this licensee to comply with his/her Order or Contract. Please provide a copy of this individual's treatment plan/goals with your first report, if not previously submitted. Reports should address the licensee's progress toward treatment goals and revisions of the treatment plan. Please be candid regarding both treatment successes and issues affecting this professional. Attach a separate sheet if more room is needed and contact the Case Manager if specific issues or questions arise.

| | |
|-----------------------|---------------------|
| Licensee Name: | Case Number: |
|-----------------------|---------------------|

Treating Professional Name/Credential:

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|---|--------------------------------------|
| Treating Professional Telephone: | Treating Professional E-mail: |
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|---|-----------------|
| Organization Name (if applicable): | Address: |
|---|-----------------|

This report reflects performance during **Month/Quarter:** _____ **Year:** _____

Dates and location of inpatient treatment during the last month/quarter, if applicable:

Date(s) of out-patient session(s) during the last month/quarter:
 Individual sessions: _____
 Group sessions: _____
 Type of group: _____ Facilitator's name: _____

Concerns regarding this client's recovery:

To the best of your knowledge, has this client relapsed? No Yes

If yes, please supply a detailed summary and contact the OPR Case Manager Carla Preston at 802-828-2875 or Ellen Leff at 802-828-1635:

Difficulties encountered in helping this client meet the requirements of the order:

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| Client's progress in meeting treatment goals: | | | |
| Specific treatment plans for the next month/quarter, including plans for ongoing monitoring: | | | |
| Prescribed medications for substance use treatment with current dosages: | | | |
| Is this client taking the treatment medications as prescribed? If no, please explain: | <table border="1" style="width: 100%;"><tr><td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes</td><td style="width: 50%; text-align: center;"><input type="checkbox"/> No</td></tr></table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| OPR has a responsibility to protect the public. Do you think this client is able to safely practice in his/her profession? If no, please explain: | <table border="1" style="width: 100%;"><tr><td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes</td><td style="width: 50%; text-align: center;"><input type="checkbox"/> No</td></tr></table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Prognosis: | | | |
| Additional comments: | | | |

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|---|
| Signature of Treating Professional: |
| Date: |
| <p>Thank you for your commitment to this licensee and to the protection of the public. Submit form by the 15th day of the month/quarter: E-mail to Case Manager: kristin.donnelly@vermont.gov OR carla.preston@vermont.gov If submitted by e-mail, must be sent from e-mail address of person completing the form Mail: Office of Professional Regulation, 89 Main St – 3rd Floor, Montpelier, VT 05620 Fax: 802-828-2389 Attention: Case Manager</p> |