

# SARPH Pharmacy Peer Assistance Program Monthly Progress Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work/other): \_\_\_\_\_  
License #: \_\_\_\_\_ Email address: \_\_\_\_\_

**ROBS:** Collection site(s) name and location: \_\_\_\_\_  
Type of collection: H = Hair Analysis      U = Urine      B=Blood  
Date Given and type: \_\_\_\_\_,

**TREATMENT PLAN:** I am currently in therapy: \_\_\_yes \_\_\_no \_\_\_\_\_ d/c date: \_\_\_\_\_  
Therapist Name and Number: \_\_\_\_\_ Individual Therapy \_\_\_\_\_  
Partial \_\_\_\_\_ Intensive Outpatient \_\_\_\_\_ Group Therapy \_\_\_\_\_ Family Therapy \_\_\_\_\_  
Current Medications: \_\_\_\_\_

## **TWELVE STEP PROGRAM PARTICIPATION**

AA \_\_\_\_\_ NA \_\_\_\_\_ Al-Anon \_\_\_\_\_ OA \_\_\_\_\_ Other (Specify) \_\_\_\_\_ (insert number of meetings attended weekly)  
**REQUIRES A MINIMUM 3 MEETINGS PER WEEK - 2 meetings + a Healthcare Professional Group unless other recommendation**  
My Home Group is \_\_\_\_\_ I am on Step : \_\_\_\_\_  
My Sponsor's first name is \_\_\_\_\_

### **I can best describe my participation in the twelve step program as:**

ACTIVE \_\_\_\_\_ SOMEWHAT ACTIVE \_\_\_\_\_ WATCHING FROM THE SIDELINES \_\_\_\_\_

I go because: \_\_\_\_\_

I last chaired at my home group meeting on \_\_\_\_\_ (date).

I last shared my story or spoke on a step or tradition ("Gave a Lead") on \_\_\_\_\_ (date).

I prefer to attend DISCUSSION or SPEAKER meetings (Circle one)

I attended the Pharm Assist/IPA support meeting on \_\_\_\_\_ (date).

## **EMPLOYMENT**

I AM EMPLOYED AS A RPH or PI FULL-TIME/ HRS/TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

I AM EMPLOYED BUT NOT AN RPH/PI \_\_\_\_\_ or I AM UNEMPLOYED \_\_\_\_\_

EMPLOYER NAME, SUPERVISOR and Phone Number: \_\_\_\_\_

MY EMPLOYMENT HAS BEEN PROBLEM FREE \_\_\_\_\_ YES \_\_\_\_\_ NO (if no attach a written description of the problem (s).

MY EMPLOYER HAS SUBMITTED MY QUARTERLY REPORT TO SARPH: \_\_\_\_\_ Y \_\_\_\_\_ N

(Work Performance Evaluation reports are due at the end of March, June, September, December)

**DATE OF REQUIRED MONTHLY CONTACT WITH SARPH MONITOR:** \_\_\_\_\_

**Miscellaneous Section – Mention events or situations that you feel are having or will have an impact on your recovery process. (Write a brief note)**

Mail to: SARPH CASEMANAGER - ATTACH MONTHLY MEETING ATTENDANCE LOGS. Use one attendance log sheet for each month. **Start a new attendance log on the first of every month.**

Revised 4/27/17 KS