

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, type and COC number: _____

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 + 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).

SARPH MONITOR: Monitor's Name: _____ I spoke with my monitor on: _____

DATE OF REQUIRED MONTHLY FACE TO FACE CONTACT WITH SARPH MONITOR: _____

EMPLOYMENT

I AM EMPLOYED AS A RPH or PI FULL-TIME/ HRS/TYPE _____ 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)

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 7/19/17 KS