PERSONAL REPORT FORM

Instructions: Complete this form and mail the original to the Board postmarked on or by the first day of each reporting month according to the Report Schedule. Forms will not be automatically supplied to you. You may copy the reporting form as needed or obtain a copy of the form under “Forms” on the Board’s website. You are required to keep copies of all reports for the duration of your Agreement.

Report for the month/year of: ___________ Participant Name: ____________________________________________

Has your mailing address or phone number changed? Yes _____ No _____

Provide the new information and effective date: ____________________________________________________

EMPLOYMENT

Have there been any changes in your current employer, employment status, hours worked, or work site monitor? If yes, explain. Please note you must attach the appropriate program documentation indicating the change.

__________________________________________________________________________________________

__________________________________________________________________________________________

Have you complied with all employment terms and conditions? Yes _____ No _____

Explain: _________________________________________________________________________________

__________________________________________________________________________________________

Note your hours worked during the reporting period.

__________________________________________________________________________________________

__________________________________________________________________________________________

Note any problems/concerns regarding employment, including verbal or written warnings, counseling or disciplinary action.

__________________________________________________________________________________________

__________________________________________________________________________________________
CHEMICAL DEPENDENCY TREATMENT

Are you currently attending chemical dependency treatment?  Yes _____  No _____

What phase of treatment are you in and how often are you scheduled to attend?
_____________________________________________________________________________________
_____________________________________________________________________________________
List the dates you attended treatment sessions.  Explain any absences (excused or unexcused).
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you been referred to any other treatment practitioner(s)/provider(s) by your chemical dependency treatment program?  If yes, explain:
_____________________________________________________________________________________
_____________________________________________________________________________________

MEDICAL/MEDICATIONS

List ALL prescription or over-the-counter medications, vitamins and herbal substances taken this month and the reasons for use:
_____________________________________________________________________________________
_____________________________________________________________________________________

If there are any changes in your medication list, an updated medication form signed by the legally authorized prescriber must be provided.

Are you scheduled for any appointments, medical/dental procedures, or surgery?  Yes _____  No _____
If yes, provide the healthcare professional's name and appointment, procedure, and/or surgery date(s):
_____________________________________________________________________________________

Were you selected for a drug screen since your last report?  Yes _____  No _____

Attach a client copy of your Chain of Custody (COC) form for that specimen to this report.
LEGAL ISSUES

Have you violated any federal, state or local law since submission of your last personal report? Yes _____ No _____

Are you currently on probation/community control? Yes _____ No _____

Current legal issues/status
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

RECOVERY ACTIVITIES

In a narrative, describe the frequency of contact with your sponsor and home group, current step work, and how you are integrating the principles of your 12 step support group and/or other support group into your personal and professional life:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please provide any information, including any and all healthcare and chemical dependency treatment plans, of which you would like your Monitoring Agent to be aware and that has not been previously discussed. If additional space is needed, please use the reverse side of this form.

I attest that all information I have provided is true and factual.

Participant Signature __________________________ Date ____________

Effective April 2015