



MENTAL HEALTH PROFESSIONAL REPORT

As the treating practitioner, the Board of Nursing Compliance Unit requests that you please take a few moments to complete this form. **Please submit the report directly to the Compliance Unit Monitoring Agent.**

(check one)

Nurse's Name _____ Initial report _____

Progress report _____

Name of Provider (please print) _____

Address _____

Phone () _____ Fax () _____

Please describe nurse's progress relative to the treatment plan. Include current status and progress made.

Medications prescribed _____

Results of drug screens (if applicable) _____

FOR INITIAL REPORTS ONLY (UNLESS CHANGES OCCUR):

Nurse's diagnosis (if appropriate) _____

Please describe treatment plan for this nurse. _____

For initial report only: Have you received copy of the nurse's Consent Agreement or Board Order?
YES _____ NO _____

Practitioner signature/ Date

FORM MAY BE PHOTOCOPIED