OHIO PHYSICIANS HEALTH PROGRAM
- MONITOR REPORT -
CONFIDENTIAL

PARTICIPANT NAME: _____ **PARTICIPANT ID:** _____

Months covered by this report: (circle appropriate months)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

How often do you meet with participant? _____

Is participant in compliance with OPHP Agreement regarding: (if "no" please explain)

Abstinence	Yes _____	No _____
Meeting Attendance:	Yes _____	No _____
Caduceus Meeting:	Yes _____	No _____
Aftercare/Counseling:	Yes _____	No _____
Urine Drug Testing is collected under **Direct Observation**:	Yes _____	No _____

Monitor's assessment of recovery: _____

_____

Please comment on the following aspects of the Participant's life:

Professional: _____

Family: _____

Physical health: _____

General comments/concerns: _____

Suggestions: _____

_____

_____

Signature: _____ Date: _____