

PA Nurse 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 Prescribed and Over the Counter: _____

TWELVE STEP PROGRAM PARTICIPATION

AA _____ NA _____ Al-Anon _____ OA _____ Other (Specify) _____ (insert number of meetings attended weekly)
PNAP 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 Nurse support meeting on _____ (date).

EMPLOYMENT

I AM EMPLOYED AS A NURSE FULL-TIME/UNIT/SHIFT _____ PART-TIME _____
I AM EMPLOYED BUT NOT AS NURSE _____ 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 PNAP: _____ Y _____ N
(Work Performance Evaluation reports are due at the end of March, June, September, December)

DATE OF REQUIRED MONTHLY CONTACT WITH PNAP CASE MANAGER: _____

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