

**State Bar of Michigan - Lawyers and Judges Assistance Recovery Program**

306 Townsend, Lansing, MI 48933

**Psychiatrist/Therapist Progress Report**

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

P# \_\_\_\_\_

Report covers dates beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Yes, I prescribe medications for this participant:

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

	Satisfactory	Unsatisfactory	Notes
Overall Status in Recovery			
Compliance with Recovery Program			
Attendance in Therapy/Rehab Program			
Overall Psychological Functioning			
Interpersonal Relations			

	Yes	No
Have Conditions caused you to request a drug screen?		
Is participant compliant with prescribed meds?		
Is participant <b>able</b> to practice his/her profession safely and competently?		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication Prescribed	Dosage	Change?	Notes

**For Therapy Groups Only:**

	Required	Attended	Therapy Comments:
Number of Group Sessions			_____
			_____
	Excused	Unexcused	
Number of Absences			_____
			_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: