

Lawyers and Judges Assistance Recovery Program Addictionist/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 able 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: