

State Bar of Michigan – Lawyers and Judges Assistance Program

306 Townsend, Lansing, MI 48933

Participant Monthly Self-Report

Participants Name: \_\_\_\_\_

Report is for Month/Year: \_\_\_\_\_ Have you relapsed during this month? \_\_\_\_\_

LIST CHANGES ONLY to: New Information

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

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

Employer: \_\_\_\_\_

Work Site Monitor: \_\_\_\_\_

Shift/Work Hours: \_\_\_\_\_

Work Restrictions: \_\_\_\_\_

PROVIDER INFORMATION

Group Therapist, Individual Therapist, Psychiatrist, Addictionist, Primary Care Physician, Parole Officer

|                                      | Change | # Contacts<br>this month | Provider Type |
|--------------------------------------|--------|--------------------------|---------------|
| Provider Name: _____<br>Phone: _____ |        |                          |               |
| Provider Name: _____<br>Phone: _____ |        |                          |               |
| Provider Name: _____<br>Phone: _____ |        |                          |               |
| Provider Name: _____<br>Phone: _____ |        |                          |               |
| Provider Name: _____<br>Phone: _____ |        |                          |               |
| Provider Name: _____<br>Phone: _____ |        |                          |               |

12 Step Sponsor Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

| Step # | # Meetings this month |
|--------|-----------------------|
|        |                       |

MEDICATIONS (continue on the back if more space is needed)

| Prescription | Change? | Dosage | Monitored ? | By Whom ? |
|--------------|---------|--------|-------------|-----------|
|              |         |        |             |           |
|              |         |        |             |           |
|              |         |        |             |           |
|              |         |        |             |           |
|              |         |        |             |           |
|              |         |        |             |           |

Financial/Legal Issues:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments and Activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_