IBH | POPULATION HEALTH SOLUTIONS
MONITORING

Health Professionals' Services Program Treatment Documentation Form

HPSP Participant Name: ____

Appointment Date(s): ____

Clinician Name/Licensure: ____

Treatment Facility (If applicable):____

Telephone #:___________________________

Please check the appropriate box:

Outpatient Treatment ☐ Individual Therapy ☐ Medication Management ☐ Psychiatric Care ☐

Please answer questions as they relate to the Licensees' compliance to treatment:

1. Are you requesting a consult with the licensees' Agreement Monitor to discuss concerns? **Yes / No**

2. Has the licensee attended all required sessions? **Yes / No**

   Please list dates of any absences and comments/reason given for absence:

3. Has the licensee demonstrated motivation and/or an active involvement in his/her treatment? **Yes / No**

   If No please explain:

4. Are there any current clinical concerns? **Yes / No**

   If yes, please describe:

IBH Health Professionals' Services Program
1220 SW Morrison St. Suite 600
Portland, Oregon 97205-2126
1.888.802.2843
Fax: 503.961.7142

IBH POPULATION HEALTH SOLUTIONS
MONITORING

<u>For Medication Prescribers</u>:
Is the licensee taking medication as prescribed? **Yes / No**

Medication with addictive potential/Psychotropic Medications and/or sedating or stimulating OTC medications

Date of Most Recent Rx	Initial Start Date of Rx	Medication Name (Generic)	Dosage, route, freq (ex: 25 mg PO BID)	#	Condition Prescribed for	Expected duration of treatment	Can patient continue to work while taking this medication?

Any changes to your treatment plan? Any new recommendations?

Next appt. date: ____

Estimated length of treatment from today: ____________________

____ ________________________
Signature of clinician/treatment provider Date

<u>Provider: Please return compliance form to IBH Health Professionals' Services Program. If you are seeing licensee weekly, you may send in the form at the end of the month. You may fax form to: 503-961-7142 or mail to the address below. Please call 888-802-2843 if you have any questions or if licensee fails to attend a scheduled appointment and does not reschedule.</u>

IBH Health Professionals' Services Program
1220 SW Morrison St. Suite 600
Portland, Oregon 97205-2126
1.888.802.2843
Fax: 503.961.7142