Wisconsin Department of Safety and Professional Services

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Madison, WI 53705
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MONITORING

TREATMENT REPORT FORM

If you have any questions regarding this report, please contact the Monitor at 608-267-3817.
Please provide as much detail as possible (use back of page or additional sheets, if necessary).

This form is to be completed by the Treater, not the client.

Patient/Client's name: _____

Treatment Focus: _____

How long have you been treating this client? _____

Does treatment consist of individual sessions? _____

Does treatment consist of group sessions? _____

Type of Group: _____ Facilitator: _____

Dates of sessions in the last 3 months:

Please discuss client's progress in treatment over the past 3 months:

Please discuss treatment plans for the next 3 months:

Are you recommending any modifications to the Order? ☐ Yes ☐ No If yes, please specify:

Do you feel this client is able to competently practice in his/her professions? ☐ Yes ☐ No If no, please explain:

Prognosis?

Please describe difficulties encountered in providing services for this client:

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If client is recovering from an addiction, please answer these additional questions:
What addiction(s) is he or she recovering from? Please be specific:

Please discuss acceptance of addictive disease and his/her willingness to acknowledge and accept the consequences of the disease:

Please discuss concerns you have regarding this client's recovery:

To the best of your knowledge, is this client remaining abstinent? ☐ Yes ☐ No If No, please explain:

To the best of your knowledge, is this client having difficulty in remaining abstinent?

Number of AA/NA or self-help meetings recommended per week? _____

Is this client meeting your recommendation? ☐ Yes ☐ No

To the best of your knowledge, is this client in compliance with his/her Board's order? ☐ Yes ☐ No

If no, please explain: _____

Please attach any drug screen results that you may have for this client.

Signature of Treater

Date

Print Name of Treater and Credentials

Treater's License Number

Name and address of treatment facility

Phone number

Please feel free to attach any additional information you wish to bring to the Monitor's attention.

Please mail, fax, or email this form every three months to:

ATTN: Department Monitor
Wisconsin Department of Safety and Professional Services
PO Box 7190
Madison, WI 53707-7190
Fax (608) 266-2264
dspsmonitoring@wi.gov