

Wisconsin Department of Safety and Professional Services

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MONITORING

SELF REPORT

Complete this form and submit it to the Department Monitor at the address listed above.
It is recommended you keep a copy of each completed form for your files.

Name: _____ Due Date: _____
Last First Middle Month / Day / Year

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Is this a new address or phone number? Yes No

TREATMENT

Current Treater: _____
Last First

Number of sessions required: _____ per _____

Are you in compliance with this requirement? Yes No

Dates of sessions attended and an explanation for missed sessions:

Has there been a change in your treatment program in the last quarter? Yes No

Have you and/or your Treater notified the Department Monitor of this change? Yes No

Describe your relapse prevention plan.

Discuss issues you are working on in treatment.

Wisconsin Department of Safety and Professional Services

WORK SUPERVISION

Current Employer: _____

Is this new employment? Yes No

If so, have you notified the Department Monitor? Yes No

Does your Board Order include practice restrictions or limitations? Yes No

If so, are you in compliance with these restrictions or limitations? Yes No

Describe how work is going.

Describe any problems/concerns in the workplace.

12-STEP ATTENDANCE (attach your attendance log)

How many 12-step groups are you required to attend? _____ per _____

How many have you attended during the last quarter? _____

Explanation for any missed meetings this quarter:

Do you have a sponsor? Yes No

How often are you in contact with your sponsor? _____

What step are you working on? _____

What have you learned about your recovery during this quarter?

What service activities were you involved in this quarter?

Wisconsin Department of Safety and Professional Services

What leisure activities have you participated in this quarter?

Please use this page to discuss your overall compliance with the Board Order (specifically including whether you have remained abstinent, if applicable) and any other information you would like to provide.