



# Psychiatrist /Addictionologist /RxN Report

Client Name: \_\_\_\_\_ Monthly/Quarterly Report from: \_\_\_\_\_ to \_\_\_\_\_  
mo/day/yr mo/day/yr

Number of visits during this reporting period: \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

Has the client complied with visits and treatment as scheduled? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, were the absences excused or unexcused? \_\_\_\_\_ # Excused \_\_\_\_\_ # Unexcused

Other reasons: \_\_\_\_\_

List current DSM-IV-TR diagnoses: \_\_\_\_\_ Current GAF: \_\_\_\_\_

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

List the current medications you are prescribing for this client:

Medication	Dosage	Frequency	Reason for Rx

Has the client complied with the medication regimen? \_\_\_\_\_ Yes \_\_\_\_\_ No

List the issues that the client has addressed in the reporting period: \_\_\_\_\_

Do you have any concerns about your client's ability in the practice setting to: (check any that apply)?

- \_\_\_\_\_ Problem solve
- \_\_\_\_\_ Make critical decisions
- \_\_\_\_\_ Cope appropriately with stressful situations

If so, please explain: \_\_\_\_\_

It is my opinion that the client is able to practice with reasonable skill and safety. \_\_\_\_\_ AGREE \_\_\_\_\_ DISAGREE

If you disagree, please explain: \_\_\_\_\_

Document any evidence of drug or substance use during this reporting period: \_\_\_\_\_

Additional comments/plans for changes to treatment plan: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name/Credentials \_\_\_\_\_ Date \_\_\_\_\_

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

Fax: \_\_\_\_\_

Address \_\_\_\_\_

This report is due by the \_\_\_\_\_ of each month. (See web site for due dates.)

Mail or Fax Original To:

**Metro Denver, Northern and Southern:**  
Peer Assistance Services, Inc.  
2170 S. Parker Road, Suite 229  
Denver, CO 80231  
Phone: 303.369.0039 or 866.369.0039  
Fax: 720.213.1007

**Western Slope NURSE Clients Only:**  
Peer Assistance Services, Inc.  
200 Grand Avenue, Suite 260  
Grand Junction, CO 81501  
Phone: 970.986.4360  
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