QUARTERLY TREATMENT REPORT
(Therapy/Medication Management)
(Please Print Clearly)

Date: __________________________

Treatment Provider Name: ____________________________  CPH Participant Name or Number:________________

□ Individual  □ Group  □ Medication Management  CPH Assistant Director: _________________________

REPORTING PERIOD: (Please CHECK)

____1st Quarter (January – March) – Due March 31  
____2nd Quarter (April – June) – Due June 30
____3rd Quarter (July – September) – Due September 30
____4th Quarter (October – December) – Due December 31

CPH Treatment recommendations and/or requirements of compliance:
_____________________________________________________________________
_____________________________________________________________________

1. # Sessions Scheduled: ______      # Attended by Patient: _______     # Missed by Patient: _______

(Please explain missed sessions)
_____________________________________________________________________
_____________________________________________________________________

2. Your treating diagnosis, treatment modalities/focus, anticipated changes in treatment.
_____________________________________________________________________
_____________________________________________________________________

3. Medication(s) prescribed/compliance/dosage/complications/changes. (  ) N/A

_____________________________________________________________________  
_____________________________________________________________________

4. Participation in sessions: (  ) Active (  ) Neutral (  ) Reluctant (  ) Passive/Resistant (  ) Hostile/Challenge

5. Involvement in 12-step program: (  ) Meaningful, Ongoing (  ) Neutral, Compliant (  ) Superficial (  ) N/A

6. Has a sponsor?  (  ) Yes (  ) No (  ) N/A  Maintains regular contact with sponsor? (  ) Yes (  ) No

7. Overall progress rating:   (  ) Actively working toward treatment goals
(  ) Maintaining status quo since last report
(  ) Regression or deterioration since last report (explain)

8. Would you like CPH to call you about this individual? (  ) Yes (  ) No

Comments/Concerns:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

______________________________  _____________ ______________________________________
Signature        Date        E-Mail Address