

**NEW HAMPSHIRE  
PROFESSIONALS HEALTH PROGRAM**

**Sally J. Garhart MD**  
**Director**  
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**Assistant Director**

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**(603) 491-5036**

**PRACTICE MONITOR - CONFIDENTIAL REPORT**

**NH PHP Participant:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_

The NHPHP Participant has authorized you to complete quarterly reports regarding compliance with his/her contract with the NHPHP. Accurate and prompt information from Monitors is essential. Please notify Dr. Garhart (491-5036) or [sgarhart@nhphp.org](mailto:sgarhart@nhphp.org) immediately if you have any questions.

Quarter ending: please circle    March 31                  June 30                  September 30                  December 31

1) During the past three months, I have seen and spoken with this provider on average:

\_\_\_\_\_ times a week or \_\_\_\_\_ times a month.

2) Is there any evidence of non-compliance with the NH PHP contract or expected behavior? Yes \_\_\_ No \_\_\_

Detailed concerns or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Are there any concerns about communications, anger management, prescribing, referral or treatment?

\_\_\_\_\_  
\_\_\_\_\_

4) Do you have any concerns regarding his/her ability to safely practice medicine? Yes \_\_\_ No \_\_\_

Details \_\_\_\_\_

5) Have you observed a change in his/her personal self care? Excessive fatigue, decreased grooming, lack of exercise, weight change?                  Yes \_\_\_ No \_\_\_

Details: \_\_\_\_\_

Would you like the NH PHP Director to call you?    \_\_\_ No \_\_\_ Yes (phone no. \_\_\_\_\_)

\_\_\_\_\_  
**Monitor name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_