

**NEW HAMPSHIRE
PROFESSIONALS HEALTH PROGRAM**

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Director
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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 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** _____