NEW HAMPSHIRE
PROFESSIONALS HEALTH PROGRAM

Sally J. Garhart MD
Medical Director

P. O. Box 6274
Amherst, NH 03031
Ph (603)- 491-5036 Fax (603)-924-0161

TREATMENT CONFIDENTIAL REPORT

NH PHP Participant:_____ (NAME must be filled in)

This provider has authorized you to provide quarterly reports regarding compliance with his/her contract with the New Hampshire Professionals Health Program. Accurate and prompt information from treatment providers is essential to provide assurance that this provider is continuing his/her rehabilitation and practicing without impairment. Please notify us at above number immediately if therapy is terminated. If you have any questions, please contact Sally J. Garhart, MD or Deanne Chapman, PA-C.

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

1) During the past three months, I have met with this participant:
   Number of times_____ at a frequency of _____.
   Were the appointments frequently rescheduled? No shows? Late? Yes___ No___
   Details _____

2) Is there any evidence of non-compliance with the NH PHP contract or unusual behavior? Yes __ No__
Detailed concerns or comments: _____
_____
_____

3) Is there any non-cooperation or refusal of your treatment recommendations? _____
_____

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. _____)

_____ _____ _____
Provider name **Signature** **Date**

Address_____ **Telephone**_____