NEW HAMPSHIRE
PROFESSIONALS HEALTH PROGRAM

Sally J. Garhart MD
Medical Director

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

CONFIDENTIAL REPORT — Therapist / Treatment Provider

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

This provider has authorized you to complete 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 treatment and practicing without impairment. Please notify the NHPHP immediately if therapy is terminated.
If you have any questions, please contact Sally J. Garhart, MD Medical Director or Deanne Chapman, PA-C Assistant Director.

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

1) During the past three months, I have met with this provider:

Number of sessions_____ at a frequency of _____.
Have the appointments been frequently cancelled, rescheduled or missed? Yes ___ No ___
Details _____

2) Is there any evidence of non-compliance with treatment and/or medication ? Yes __ No__
Detailed concerns or comments: _____
_____
_____

3) What other referrals or treatments are planned? _____
_____

4) Do you have any concerns regarding his/her ability to safely practice medicine? Yes___ No___
Details_____

5) Would you like the NH Professionals Health Program Director to call you? ____No ____Yes
(phone no. _____)

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

Address_____ Telephone_____