

**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 COACHING REPORT

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 the coach is essential to provide assurance that this provider is continuing his/her treatment and practicing without impairment. Please notify the NHPHP immediately if coaching 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 by phone / skype / in person (circle the media):

Number of sessions _____ at a frequency of _____.

Have the appointments been frequently cancelled, rescheduled or missed? Yes ___ No ___

Details _____

2) Are the goals and objectives of the coaching regimen being met according to schedule? Yes ___ No ___

Detailed concerns or comments: _____

3) Do you recommend any additional treatment(s) and/or work-place accommodations at this time? Yes ___ No ___

Detailed concerns or comments: _____

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. _____)

Coach's name

Signature

Date

Address _____

Telephone _____