

HEALTH CARE PROVIDER REPORT

Report Due: Monthly for the first 6 months of full compliance and then quarterly thereafter.

**DOPL
ATTN: COMPLIANCE UNIT
PO BOX 146741
SALT LAKE CITY UT 84114-6741**

Questions? Call 530-6428, 530-6718 or 530-6295

What are the major issues being addressed in treatment? _____

Please list current medications: _____

Please comment in detail on how the licensee is doing with regard to relevant issues. Include at least the following: recognition and insight into medical diagnosis, interaction during appointments and compliance with treatment to include medications: _____

Evaluation of Progress _____

Is Licensee in Compliance with Treatment Plan? Yes No

In your opinion, is Licensee safe to Practice? Yes No

Name (Please Print) and Title

Signature of Provider

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Phone Number

___/___/___
Date