

NURSING PROBATION SELF-ASSESSMENT REPORT

Drug Related

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

Case #: _____

DOPL

Name of Probationer: _____

ATTN: COMPLIANCE

Profession: _____

PO BOX 146741

Report Date ___/___/___

SALT LAKE CITY UT 84114-6741

1. Have you had a relapse? No Yes. If Yes, Please explain.

2. Have you had any thoughts of relapse? No Yes. If Yes, have you acted on any of those thoughts or what have you done in regards to those thoughts?

3. What things are you doing to avoid relapse?

4. What are your current stressors and what coping skills have you applied to deal with the stress?

5. Are you taking any medications not lawfully prescribed for you? No Yes
List **all** the medications you are taking:

6. Are you employed? No Yes. If Yes, where?

7. Is your employer aware of your Order? Yes No

8. Has your employer notified DOPL acknowledgement of the Order in writing? Yes No

9. Has your prescribing practitioner reviewed your Order and are they aware of your substance abuse problem? No Yes

10. Since your last report, have you had any criminal charges or convictions? No Yes

11. What have you learned during this probationary period?

12. Any comments you would like to share?