

**Virginia Health Practitioners' Monitoring Program  
PRN Physician Report**

Name of Participant: \_\_\_\_\_ Client # \_\_\_\_\_ CM: \_\_\_\_\_

Date of Report: \_\_\_\_\_ For Month: \_\_\_\_\_, 20\_\_\_\_

**Conditions being treated:**

For the above named individual, please list the current medical conditions you are providing medical care for:

	New	Ongoing	Resolved
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please list currently prescribed medications:**

Medication:	Dose:	Date:	Test:	Result:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Medication level /Lab results:**

**Physician visits:** Number of appointments scheduled for month: \_\_\_\_\_ Dates attended: \_\_\_\_\_

**Please tell us your assessment of the participant's overall clinical condition:**  First Report  
 Much Worse  Somewhat Worse  Same  Somewhat Improved  Much Improved

**As far as you are aware, is the participant practicing a health profession?**  Yes  No

**Do you have any concerns about the participant's ability to practice his/her health profession?**  Yes  No

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you need more information about the Virginia Health Practitioners' Intervention Program (HPMP) or participant?**  Yes  No

**Do you need to speak with the participant's case manager?**  Yes  No

Person Completing Report (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Specialty: \_\_\_\_\_

*(Please fax this form to 804-828-5386 after each visit.)  
Thank you for your cooperation!*

**For Office Use Only**

Date Received by HPMP: \_\_\_\_\_ Case Manager: \_\_\_\_\_