

RECOVERY PROGRESS REPORT

INSTRUCTIONS: The purpose of the self-report is to give you an opportunity to tell us about your life, your recovery, and any problems you may have encountered. Please feel free to share your thoughts and feelings.

Name: _____ Recovery Specialist: _____

Occupation:

MD DO DMD RPH RN RT DVM
 DPM LPN DH OTHER (specify) _____

Self Report of Dates: _____

Reports Submitted: weekly ____ bi-monthly ____ monthly ____ quarterly ____

Current home address and phone number _____

Sponsor's Name and Number: _____

Physicians/ Therapists seen since last report, Problem, Medications (include hospitalization, ER treatment, etc.): _____

How would you describe your recovery at this point in time? _____

Have you made any major changes in your life? (job, relationships, etc.)

Current Work Status:

working in field working out of field not working

Employer & Supervisor's Name/ Position: _____

Employer's Address and Phone Number: _____

Feedback/ Suggestions for RPP? _____

Signature _____ Date _____

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