IOWA | Department of Inspections, Appeals, & Licensing

IOWA PROFESSIONAL HEALTH PROGRAMS

Quarterly Report - Monitoring Healthcare Provider

Participant Name:	Monitoring Healthcare Provider Name & Credentials:
	Contact Information:

Indicate which quarter this report covers:

☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

Appointment Date(s):

Current Diagnosis:

List all current medication and reason (prescribed by this medical provider only):

	YES	NO
Has there been a change in the participant's diagnosis and/or treatment? If yes, please explain.	☐	☐
Does the current diagnosis affect the participant's ability to practice in the field they are licensed in? If yes, please explain.	☐	☐
Do you recommend any changes to the participant's treatment requirements, including the frequency of services, need for re-evaluation, work restrictions, etc? If yes, please explain.	☐	☐
Is the participant compliant in treatment (willing participant, attends appointments as scheduled, demonstrates motivation to work toward goals, etc.)? Please explain.	☐	☐
Does the participant have insight into their condition? Please explain.	☐	☐
To your knowledge, is the participant adherent with their IPHP contract?	☐	☐

	YES	NO
Has the participant signed releases for you to communicate with their therapist and/or aftercare provider?	☐	☐
Have you communicated with the participant's therapist and/or aftercare provider this quarter? If yes, please explain.	☐	☐
SUBSTANCE USE CASES ONLY: Do you have any concerns about this participant's ability to travel outside of the U.S. or to a location where drug screen monitoring is not available during this next reporting quarter based on their status at the time of this report?	☐	☐
To your knowledge, has the participant experienced a return to use during this quarter?	☐	☐
What is your assessment of the participant's condition and prognosis?		
Would you like the IPHP staff to contact you?	☐	☐
Any further Comments, Questions or Concerns?		
Monitoring Healthcare Provider's Signature: Date:		

PROGRAM CONTACTS:

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