

**ALABAMA BOARD OF NURSING
P. O. BOX 303900
MONTGOMERY, ALABAMA 36130-3900
PSYCHIATRIC TREATMENT REPORT**

Name of Licensee	License #	Case #

Select Compliance Monitor	
___ VDAP Telephone: 334-293-5228 Fax: 334-293-5201 E-mail: abn@abn.alabama.gov	___ Probation Telephone: 334-293-5229 Fax: 334-293-5201 E-mail: abn@abn.alabama.gov

Dates in Quarter	Date Report Due		Dates in Quarter	Date Report Due
January 1 – March 31	April 10		April 1 – June 30	July 10
July 1 – September 30	October 10		October 10 - December 31	January 10

Instructions: The licensee named above is monitored by the Board of Nursing for compliance with his/her treatment regimen for psychiatric/mental health issues and/or a substance use disorder. Complete this form by the required due dates below and return to the address listed above. As part of the requirements for monitoring, the nurse is required to have the primary psychiatrist of record submit reports to the Board detailing progress in treatment and compliance with the treatment plan. The nurse must provide appropriate release of information forms allowing you to supply the Board with treatment records and requested reports.

Reporting Period Covered by this Report:	
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Diagnoses: _____

1. CURRENT MEDICATIONS:

Is this client compliant with the medication regimen? YES NO If "NO", please elaborate:

2. TREATMENT RECOMMENDATIONS (exercise, physical therapy, etc.):

Is this client compliant with all aspects of the treatment recommendations? YES NO If "NO", please elaborate:

3. For this reporting period, note the following:

Number of Appointments Scheduled	Number of Appointments Kept	Number of Excused Absences	Number of Unexcused Absences	Number of Phone Contacts

Psychiatrist's Name (please print): _____

Phone: () -

Address of Practice: _____

Signature of Physician: _____

Date: / /