

**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: 334-293-5239 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: Complete this form by the required due dates below and return to the selected compliance monitor listed above. The licensee 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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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:** / /