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# MISSISSIPPI

## Board of Nursing



### COMPLIANCE INDIVIDUAL THERAPY REPORT

The following is an example of information that is to be included in the Compliance Individual Therapy Report.

Name of Agency, Therapist, or Physician: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

For the Month Of: \_\_\_\_\_ DATE \_\_\_\_\_

Date Entered Therapy \_\_\_\_\_ Time in Therapy: \_\_\_\_\_

TREATMENT PLAN/GOALS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONTHLY TREATMENT GOALS MET/ PROGRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTENDANCE:

Client has attended \_\_\_\_ of \_\_\_\_ scheduled sessions. Number of absences \_\_\_\_

Client had prior approval for absence: \_\_\_\_ Yes \_\_\_\_ No. Sessions made up: \_\_\_\_\_.

Reason for non-attendance: \_\_\_\_\_

Client has been on time for sessions: \_\_\_\_ Yes \_\_\_\_ No.

PROGRESS:	Poor	Fair	Good	Excellent
Participation in therapy session	___	___	___	___
Recognition of disease in self	___	___	___	___
Accepting responsibility for self	___	___	___	___
Operating on a feeling level	___	___	___	___

Overall demonstrated level of motivation \_\_\_\_\_  
Attitude toward AA/NA/CA \_\_\_\_\_

Drug Screen Performed: \_\_\_\_\_ Yes \_\_\_\_\_ No

General Statement about Client:

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