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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:

PLEASE FAX ATTN: VERA RUCKER, NATILLE DUNCAN, OR REBECCA HANCE (601) 957-6301
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