



Mississippi Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

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 MARTIN (601) 957-6301
 SCAN AND EMAIL TO vrucker@msbn.ms.gov; nduncan@msbn.ms.gov or rmartin@msbn.ms.gov
 Vera Rucker (601) 957-6277, Rebecca Martin (601) 957-6287, Natille Duncan (60) 957-6263.