

MAP 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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MSBN COMPLIANCE DIVISION THERAPY REPORT