

# SARPH Monthly Progress Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ home \_\_\_\_\_ work/other  
Social Security Number: \_\_\_\_\_ License #: \_\_\_\_\_

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**ROBS:** Collection site(s) name and location: \_\_\_\_\_  
Type of collection with COC# on collection form: H = Hair Analysis U = Urine H = Hair  
Date Given, type and COC: \_\_\_\_\_,  
\_\_\_\_\_

## TREATMENT PLAN

I am currently in therapy: \_\_\_ yes \_\_\_ no. Therapist Name \_\_\_\_\_  
Individual (one on one) Therapy \_\_\_\_\_ Group Therapy \_\_\_\_\_ Family Therapy \_\_\_\_\_  
Intensive Outpatient \_\_\_\_\_

## TWELVE STEP PROGRAM PARTICIPATION

AA \_\_\_\_\_ NA \_\_\_\_\_ Al-Anon \_\_\_\_\_ OA \_\_\_\_\_ Other (Specify) \_\_\_\_\_ (insert number of meetings attended weekly) **SARPH REQUIRES A MINIMUM 3 MEETINGS PER WEEK**

My Home Group is \_\_\_\_\_. I am on Step: \_\_\_\_\_.

My Sponsor's first name is \_\_\_\_\_.

**I can best describe my participation in the twelve step program as:** ACTIVE \_\_\_\_\_  
SOMEWHAT ACTIVE \_\_\_\_\_ WATCHING FROM THE SIDELINES \_\_\_\_\_

I go because I have to \_\_\_\_\_

I last chaired at my home group meeting on \_\_\_\_\_ (date).

I last shared my story or spoke on a step or tradition ("Gave a Lead") on \_\_\_\_\_ (date).

I prefer to attend DISCUSSION or SPEAKER meetings (Circle one)

I attended the pharmacist support meeting on \_\_\_\_\_ (date).

## SARPH MONITOR

My Monitor is \_\_\_\_\_ (Name and telephone number).

My relationship with him/her is best described as: CLOSE/TRUSTING \_\_\_\_\_; SOMEWHAT CLOSE \_\_\_\_\_ DISTANT \_\_\_\_\_ I HAVE A MONITOR IN NAME ONLY \_\_\_\_\_.

I attended a meeting with my monitor on: \_\_\_\_\_

I spoke with my monitor on: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (dates)

**\*\*\*Contact with your SARPH monitor is required monthly\*\*\***

## EMPLOYMENT

I AM EMPLOYED FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ NOT EMPLOYED AS RPh \_\_\_\_\_  
AS A PHARMACIST AT: \_\_\_\_\_

MY EMPLOYMENT HAS BEEN PROBLEM FREE \_\_\_\_\_ YES \_\_\_\_\_ NO (if no attach a written description of the problem (s)).

MY EMPLOYER HAS SUBMITTED MY QUARTERLY REPORT TO SARPH: \_\_\_ Y \_\_\_ N  
(EEF reports are due March, June, September, December)

**Miscellaneous Section – Mention events or situations that you feel are having or will have an impact on your recovery process.** (Write a brief note on the back.)

Mail to: SARPH - 258 Wolfe Lane, Irwin, Pa. 15642

ATTACH MONTHLY MEETING ATTENDANCE LOGS- 1 FOR EACH MONTH

