

Louisiana Board of Social Work Examiners

18550 Highland Road, Suite B

Baton Rouge, LA 70809

Telephone: (225) 756-3470 Fax: (225) 756-3472

<http://www.labswe.org>

Therapist Report Form

A. Participant: _____

B. Treating Clinician: _____

a. Address: _____

b. Phone: () _____ Fax: () _____

C. Reporting Period: _____

(Indicate month or months client was seen)

D. Treatment issues addressed (as identified in Participation Agreement):

Provide a brief comment regarding the progress made in treatment toward these issues (or the lack thereof) and any concerns: _____

E. Number of sessions scheduled: _____ Number of sessions attended: _____
Reason(s) for missed sessions: _____

F. Frequency of sessions: _____ (weekly, monthly, quarterly, etc)

G. Next scheduled session: _____

H. Provided copy of Consent Order and/or Participation Agreement? Y N

I. Provided copy of Evaluation/Discharge Summary from primary provider? Y N

J. AA/NA attendance reported: Y N N/A

K. Any known alcohol or drug use: Y N N/A

L. Compliant with treatment: Y N

M. Anticipated date of completion of treatment: _____

Signature

Date