



Washington State Department of

Health

DOH 630-101 November 2020

Therapist Report

The Washington Health Professional Services Program (WHPS) requires a monthly report of the nurse's progress as a condition of compliance with the monitoring program. Please be specific in your answers and fax the completed form to WHPS via fax (360-359-7956) or email (whps@doh.wa.gov).

Reporting Month/Year:	Type of Services (check all that apply):	Mental Health Therapy: <input type="checkbox"/> SUD Treatment: <input type="checkbox"/> Pain Management: <input type="checkbox"/> Other (please explain): <input type="checkbox"/> _____
Nurse Information		
Name:		
Are you aware of the nurse's participation in the WHPS Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you discussed and understand the terms and conditions of the program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Questions or Comments:		
Service Plan		
How long have you been working with this nurse? Years: _____ Months: _____		
Goal(s):		
Monthly Progress		
Are session(s) monthly or weekly?	Number of hours per session:	
Nurse's progress towards goals:		
Prognosis:		
Estimated completion date:		
Family/partner involvement and/or support:		
Additional comments:		
Signature:	Print Name:	Date:
Address:		Name of Agency:
City:	State:	Zip Code: _____ Telephone: _____

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