

PACIFIC ASSISTANCE GROUP

A PROFESSIONAL FAMILY THERAPY CORPORATION
PROFESSIONAL MONITORING & SUPPORT

FRANCINE FARRELL, LMFT

MFT LICENSE #MFC24453
AREA ADMINISTRATOR/MONITOR
SACRAMENTO & SURROUNDING AREAS

PHONE: 916/971-1159
FAX: 888/300-1156

3838 WATT AVE., SUITE C300
SACRAMENTO, CA 95821

MONITOR QUARTERLY REPORT

Check one:

Jan – Mar Year _____ Apr – Jun Year _____ Jul – Sept Year _____ Oct-Dec Year _____

Participant Name: _____ License Number: _____

Worksite Location: _____

I agreed to serve as the worksite/hospital monitor in this case. I acknowledge that I have read the PAG Monitoring Agreement. I am aware of the facts and circumstances leading to the imposition of the worksite/hospital monitor condition, requiring my presence at the worksite and/or hospital whenever the participant engages in the practice of medicine. I agree to cooperate with, and provide information to, the Area Administrator. This includes submitting a Monitor Quarterly Report each quarter. If I resign my responsibility as a monitor, I agree to immediately notify the Area Monitor.

Monitor Signature	Monitor Print Name	Date
Title	CA Drivers License (____)	Telephone

I certify that throughout the quarter indicated above, I observed the participant at least _____ times PER weekly day at the designated worksite and/or hospital, and report my observations in the following areas. (If you circle "Yes" to any item below, please provide a detailed response.)

Absenteeism

any sick leave	No	Yes	Not Applicable
any unscheduled absences	No	Yes	Not Applicable
arriving late to work	No	Yes	Not Applicable
leaving early from work	No	Yes	Not Applicable
improbably excuses for absences	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

*If other is marked "Yes" please explain. Use additional paper as necessary.

Changes in Personal Habits

arriving to work "disheveled"	No	Yes	Not Applicable
exhibiting different behavior after breaks	No	Yes	Not Applicable
inattention to personal hygiene	No	Yes	Not Applicable
personal appearance deteriorating	No	Yes	Not Applicable

MONITOR QUARTERLY REPORT

PARTICIPANT NAME _____ DATE OF REPORT _____

Changes in Practice Performance

professional appearance deteriorating	No	Yes	Not Applicable
complaints from patients	No	Yes	Not Applicable
excuses for poor performance	No	Yes	Not Applicable
erratic practice habit	No	Yes	Not Applicable
diminished performance	No	Yes	Not Applicable
lapses of memory	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

Changes in Interpersonal Relationships

over-reaction to feedback	No	Yes	Not Applicable
over-reaction to real/implied criticism	No	Yes	Not Applicable
mood swings	No	Yes	Not Applicable
hostility	No	Yes	Not Applicable
complaints from colleagues	No	Yes	Not Applicable
avoidance of associates/friends	No	Yes	Not Applicable
argumentative at colleagues/friends	No	Yes	Not Applicable
excessive talking at colleagues/associates	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

Changes in Social Behavior

problems with law enforcement	No	Yes	Not Applicable
problems with credit/finances	No	Yes	Not Applicable
any loud arguments	No	Yes	Not Applicable
any inappropriate behavior	No	Yes	Not Applicable
problems with spouse/co-habitant	No	Yes	Not Applicable
*other	No	Yes	Not Applicable

*If other is marked "Yes" please explain. Use additional paper as necessary.

Please use your own words to describe the participant's work performance below:

Signature of Worksite Monitor _____ Date _____