Alabama Veterinary Professionals Wellness Program

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Quarterly Report

Therapeutic Monitoring Group Reporting Form-Return to AVPWP by Fax or Email

Participant Name: Report Date:

**Group Leader Signature:**

**Group Leader Print Name:**

**Group Leader Address:**

**Group Leader Phone Number(s):**

Dates attended this quarter:

Dates missed this quarter:

Reports effective use of support groups including 12 step meetings and sponsor.

Yes No

Attitude:

Positive Negative Complaint Resistive

Were any work related problems identified? Yes No

Comments-