



## NEW MEXICO HEALTH PROFESSIONAL WELLNESS PROGRAM

**GROUP COUNSELING REPORT:** To be submitted to HPWP *by participant or group facilitator* each month by the 10<sup>th</sup> of the month for the preceding month.

Participant Name: \_\_\_\_\_ Reporting month \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_

**Attendance:** ( ) Weekly ( ) Twice a month ( ) Monthly

( ) Satisfactory

( ) Unsatisfactory (please explain)

# of sessions scheduled \_\_\_\_\_ # of sessions attended \_\_\_\_\_

Reason(s) for missing sessions (no show, excused, etc) \_\_\_\_\_

**Group Participation:**

( ) Satisfactory

( ) Unsatisfactory (please explain)

**Has the participant established treatment goals?**

( ) Yes

( ) No (Please explain)

**Client's treatment goals:**

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**Is participant making satisfactory progress toward achievement of treatment goals?**

( ) Yes

( ) No (Please explain)

**Treatment Plan:** Have there been any changes in the treatment plan since your last report? (i.e. frequency of group, change in goals, new treatment modalities, etc.)

( ) No

( ) Yes (please explain)

**Is there any indication of behavioral or chemical relapse?**

( ) No

( ) Yes (please explain)

**Does the client appear to be benefiting from counseling group participation?**

( ) Yes

( ) No (Please explain)

**Additional Comments:**

\_\_\_\_\_  
Signature of Group Counselor

\_\_\_\_\_  
Date