



NEW MEXICO HEALTH PROFESSIONAL WELLNESS PROGRAM

GROUP COUNSELING REPORT: To be submitted to HPWP *by participant or group facilitator* each month by the 10th 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:

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