



NEW MEXICO HEALTH PROFESSIONAL WELLNESS PROGRAM

WORK SITE MONITOR REPORT: To be submitted to HPWP *by participant or wsm* each month by the 10th of the month for the preceding month.

Participant Name: _____ **Reporting month:** _____

Worksite Monitor _____ Phone _____

HOW FREQUENTLY DO YOU INTERACT WITH THIS INDIVIDUAL?

() Daily () Weekly () Monthly

PLEASE REPORT ON ANY CHANGES (EITHER POSITIVE OR NEGATIVE) IN THE INDIVIDUAL'S BEHAVIOR THAT YOU MAY HAVE OBSERVED

I have observed changes in the individual's attendance

() No () Yes (Please explain)

I have observed changes in the individual's personal habits

() No () Yes (Please explain)

I have observed changes in the individual's practice performance

() No () Yes (Please explain)

I have observed changes in the individual's interpersonal relationships

() No () Yes (Please explain)

I have observed changes in the individual's social behavior

() No () Yes (Please explain)

I have observed changes related to the client use of prescription or non-prescription drugs or alcohol

() No () Yes (Please explain)

DID THE INDIVIDUAL FACE ANY SIGNIFICANT PROFESSIONAL CHALLENGES THIS MONTH?

() No () Yes (Please explain)

IS THE INDIVIDUAL'S OVERALL PERFORMANCE SATISFACTORY?

() Yes () No (Please explain)

DO YOU HAVE ANY CONCERNS ABOUT THE INDIVIDUAL'S WORK PLACE PERFORMANCE?

() No () Yes (Please explain)

Additional Comments:

Signature of Worksite Monitor

Date