

**MONITOR REPORT**  
(Clinical)

Report covers period of: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Number of informal contacts (telephone etc.) with the participant during this period: \_\_\_\_\_

Number of face to face psychotherapy sessions: \_\_\_\_\_

Are there any changes in Axis I through V diagnoses during this period?  
Yes  No  Unknown  If so, please explain in detail on the reverse side.

Is the participant making progress in terms of behavioral, measurable treatment goals?  
Yes  No  Unknown  If not, please explain on the reverse side.

Has the participant attended his/her scheduled appointments during this period?  
Yes  No  Unknown  If not, please explain on the reverse side.

Is the participant demonstrating an attitude of cooperation at this time?  
Yes  No  Unknown  Please explain any problems on the reverse side.

Has the participant signed the treatment plan demonstrating an understanding of the goals?  
Yes  No  Not Applicable

Is the participant capable of practicing law at this time?  
Yes  No  If not, please explain in detail on the reverse

\_\_\_\_\_  
Monitor's Initials

**Please comment on any instances of non-compliance noted on the previous page, on the participant's overall participation in his/her treatment (medication, family, professional issues), and provide any recommendations you may have as to how FLA can assist you or the participant in any way. Thank you.**

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Monitor

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Date

Revised 11/6/01

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