

Oklahoma Health Professionals Program
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Oklahoma City, Oklahoma 73105
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ohpp@okmed.org (email) Program Manager: Vacant

Worksite Monitor – Quarterly Report

Return to OHPP by mail or fax

Participant Name: _____

Report Date: _____

Monitor's Name: _____

Monitor Phone # _____

Monitor's Signature: _____

It has been determined that in many cases employers and/or coworkers can be the first to notice relapse or pre-relapse behaviors in a recovering person. For this reason, we feel it is important for you to answer these questions as accurately and honestly as possible. By faxing your report directly, rather than through the person you are monitoring, we have tried to ensure your anonymity, and will only use this report as a tool to prompt further review or investigation.

1. How often Observed

- Daily
- Weekly
- Several times weekly
- Monthly
- Other _____

2. Has the licensee shown signs of IRRITABILITY?

- Mood Swings
- Negative Attitude
- Argumentative
- Inappropriate Anger
- Overreaction to criticism
- Altercations with staff
- Altercations with patients
- Altercations with peers
- Other _____

3. Has the licensee shown signs of IRRESPONSIBILITY?

- Shifts workload
- Manipulates schedule
- "Hurry-Up/ Catch-Up"
- Short cuts
- Other _____

4. Has the licensee shown signs of INACCESSIBILITY?

- Frequent tardiness
- Frequent absence
- "MIA"- Missing In Action
- Frequent trips offsite
- Prolonged lunch breaks
- Unavailable when on-call
- Unavailable for discussions
- Frequent failure to respond to calls/pages
- Frequent illness
- Other _____

_____ (explain)



5. Has the licensee shown signs of ISOLATION?

- Odd hours for rounds
- Volunteers for midnight shifts
- Absent from lounge
- Eats alone
- Avoids departmental meetings
- Avoids CME events
- Avoids medical social events
- Frequent absence
- Other _____

_____ (explain)

6. Has the licensee shown signs of APPERANCE?

- Staff complaints
- Patient complaints
- Peer complaints
- Fatalistic comments
- Marital difficulties
- Financial difficulties
- "Party" reputation
- DUI-DWI
- Other _____

_____ (explain)

7. Have you been made aware of any personal or professional CIRCUMSTANCES that may indicate struggling with sobriety and/or overall mental health?

- Raspy Voice
- Gargling in bathroom
- Slurred speech on phone
- Incoherent speech on phone
- Black outs
- Red eyes
- Black & blue eyes or bruised eyes
- Yellow eyes
- Puffy eyes
- Other _____

_____ (explain)

8. Other work-related problems identified: (please write "none" if no problems were identified)

9. Would you like an OHPP representative to contact you? Y N

Email/ Phone Number

I certify that I have read this form and understand its contents. I also certify that all the information provided is accurate and truthful to the best of my knowledge.

