



NEW MEXICO MONITORED TREATMENT PROGRAM

Confidential Monthly self report form
Due by the 10th of the month following the report month

Month report is for: _____

Name _____ MTP # _____ Prof _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work phone _____ Cell phone _____

Spouse (SO) _____

Employment (Employer) _____

Work Site Monitor _____ Title _____

Phone # _____ How often do you see this person _____

Recovery: Type (AA/NA) _____ meetings & type per week _____

Sponsor (first name last initial) _____ Length been sponsor _____

How often do you see your sponsor outside of meetings _____

What step are you currently working _____ Service _____

Drug Screen Testing: Color _____ # of tests in reporting month _____

Counseling Group: Facilitator _____ Day _____ Time _____

of meetings held _____ #attended this month _____

Therapy:

Psychiatrist _____ Phone # _____ Freq of visits _____

Therapist _____ Phone # _____ Freq of visits _____

List all medications you are taking either prescribed or over-the-counter (use back of form for additional space)

| | | |
|-------------------|------------|------------|
| Medications _____ | Dose _____ | Freq _____ |
| Medications _____ | Dose _____ | Freq _____ |
| Medications _____ | Dose _____ | Freq _____ |
| Medications _____ | Dose _____ | Freq _____ |
| Medications _____ | Dose _____ | Freq _____ |

Events of the month: (Please write about your recovery, events, accomplishments, problems, etc)

Use back of form for more space.
MTP staff encourage you to keep copies of this report and all other reports you send to MTP.