

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500
<http://www.lsbn.state.la.us>

Psychiatrist /Addictionist Report Form

A. Participant: _____

B. Treating Physician: _____

a. Address: _____

b. Phone: () _____ Fax: () _____

C. Reporting Period: _____

(Indicate month or months client was seen)

D. Diagnosis or reason for visit: _____

E. Provide a brief comment regarding the progress made in treatment (or the lack thereof): _____

F. Current medication or change in medication: _____

G. Frequency of sessions: _____ (weekly, monthly, quarterly, etc)

Next scheduled session: _____

H. Number of sessions scheduled: _____ Number of sessions attended: _____

I. Reason(s) for missed sessions: _____

J. AA/NA attendance reported: Y N N/A

K. Any known alcohol or drug use: Y N N/A

L. Compliant with treatment: Y N

M. Anticipated date of completion of treatment: _____

Signature

Date

PLEASE MAIL; DO NOT FAX AS FAXED COPIES WILL NOT BE ACCEPTED.

Revised: 7/28/14