

# Louisiana State Board of Nursing

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

## Therapist/Counselor Report Form

A. Participant: \_\_\_\_\_

B. Treating Clinician: \_\_\_\_\_

a. Address: \_\_\_\_\_

b. Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

C. Reporting Period: \_\_\_\_\_

(Indicate month or months client was seen)

D. Treatment issues addressed: \_\_\_\_\_

Provide a brief comment regarding the progress made in treatment toward these issues (or the lack thereof) and any concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Number of sessions scheduled: \_\_\_\_\_ Number of sessions attended: \_\_\_\_\_

Reason(s) for missed sessions: \_\_\_\_\_

F. Frequency of sessions: \_\_\_\_\_ (weekly, monthly, quarterly, etc)

G. Next scheduled session: \_\_\_\_\_

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

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

J. Compliant with treatment:       Y    N

K. Anticipated date of completion of treatment: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Revised: 7/28/14