PSRB PROGRESS REPORT

Submit to: PSRB, 610 SW Alder Street, Suite 420, Portland, OR 97205 or psrb@oregon.gov or (503) 224-0215

Client's Name:_________________________________ For the Month/Year: ______________________

Case Manager:____________________________ County/Program:_______________________________

The above-named client has/has not complied with the current conditions of their release as follows:

Please include reports for #8, #10 (if positive) and #11. (if No, please make note in comments section)

1. Housing - Level of Care: Independent ICM/Semi AFH RTF/H SRTF
2. Case Management Sessions Yes No N/A
3. Individual Therapy Sessions Yes No N/A
4. Group Therapy Sessions Yes No N/A
5. Substance Abuse Treatment Yes No N/A
6. AA/NA/DDA/Smart Recovery or other Self-Help Yes No N/A
7. Home Supervision Visits Last Scheduled:___________ Last Unannounced:____________
8. Prescriber Appointments Last Seen: ______________ (include report if seen this month)
9. Medication Compliant N/A = no Psychotropic meds prescribed Yes No N/A

   Psychotropic Medication Changes this month? Yes No

10. Random Urinalysis (note positive UAs in comments) Yes No N/A
11. Other Conditions/Restrictions (e.g. polygraph, SO Therapy, curfew, etc.) Yes No N/A
12. Structured Activity Hours per Month # Required _____ # Completed _____

    Treatment ______ Work_______ Education ______ Volunteer ______ Other_______

Client's Name:__________________________________

PROGRESS / GOALS ACCOMPLISHED:

CHALLENGES:

By signing below, I certify the following:

1. I have included monthly prescriber/sex offender/other specialty treatment notes.
2. I have verified client's attendance in treatment (not solely on the report of the client).
3. I have reported all non-compliance with the Board's order, either with this report or separately in writing, all significant incident(s) and/or change(s) in mental health status since the last monthly report.
4. I have verified that all services were provided to the client as required in the Board's order or treatment plan, or I have explained in this report why services were not provided.

Date Submitted:______________________ Signature:____