

Alabama Veterinary Professional Wellness Program

Dr. Jerome B. Williams, Director
2148 Greensprings Highway, Birmingham, AL. 35205
Email: alvetwellness@gmail.com T: 205-326-8080 | F: 205-326-8085
P.O Box 19906, Birmingham, AL. 35219
Private Line: 205-317- 9744 | Private Fax: 877-900-1961

Quarterly Self- Assessment Report

(To be completed by participant and provided to Monitoring Professional – quarterly)

Participant (Signature)

(please print name)

Date

1. What is your sobriety date/last use? _____
2. Has your sobriety date changed since your last quarterly report? _____ Yes _____ No
3. Drugs of choice: _____
4. Current Medications: _____
5. Describes any thoughts or tendencies toward compulsive or disruptive behavior (Sex, food, gambling, spending, drugs, or specify): _____
6. Quality of Life- Describe current challenges in each area>
 - a. Work: _____
 - b. Home: _____
 - c. Family: _____
 - d. AA/Meetings _____

7. Indicate (as accurately as possible) times **per month** you engage in the following recovery activities: ***Evidence of your attendance may be required.**

_____ Attend 12 step meetings _____ Attend Therapeutic Monitoring group meetings
_____ Attend Caduceus group meetings _____ Attend individual therapy/counseling sessions
_____ Name & Phone of Sponsor: _____

8. Random urine testing is being performed and specimen collection is always observed by lab personnel? _____ Yes _____ NO

*Note to monitor: Please make any comments on the back side of this form then send to AVPWP.

Mail to: 2148 Greensprings Hwy., Birmingham, AL 35205 or FAX to: (205) 326-8085