

Print Name: _____
Case#/ Manager: _____

TAPNET Quarterly Update

This form is to be completed when you sign your **RETURN TO WORK AGREEMENT (RTW)** and every three months thereafter. It **MUST** be done with your **employer** and **advocate** in attendance. If the advocate cannot be present in person or by phone, your **case manager MUST** be present by phone.

CHECK HERE IF:

- This is a New Employer.** (Quarterly must be accompanied by the TAPNET Return to Work Assignment.)
- This is a New Manager or supervisor who has reviewed and understands the original RTW Agreement.**
- This is a Quarterly following a Restart of TAPNET** with current employer (There is no need for a new RTW Agreement). Anew Quarterly Update must be completed upon returning to work after a restart. **All terms of the original RTW agreement still apply and restrictions are reinstated.**

COUNSELOR PARTICIPANT'S INPUT

1. Employed in counseling: Part Time: hours/month _____ Full Time: hours/week _____
2. Unit or Work Location: _____ Unit Phone #: _____ Shift: _____
3. Area of Practice: _____
4. Your psychiatrist's name: _____
Last date seen: _____ Next scheduled appointment: _____ Phone # _____
5. Your therapist's name: _____
Last date seen: _____ Next scheduled appointment: _____ Phone # _____
6. List all currently prescribed medications: _____

7. Primary Care Physician: _____ Phone # _____
8. List any other physicians/dentists/therapists you have seen in the last 3 months that have not been listed: _____

9. How often will you contact your TAPNET counselor advocate next quarter? Weekly Bi-Weekly Monthly
10. Have you had any problems following your practice restrictions this past quarter? Y ___ N ___ If yes, explain: _____

11. The next quarterly meeting to be scheduled with employer and advocate (or case manager) will be: _____

Print Name: _____
Case#/ Manager: _____

Participant's Signature _____ Date: _____

ADVOCATE'S INPUT

Advocate's Name (Print) _____ In Person _____ by Phone _____

- 1. How often did this counselor **agree** to call you this quarter? _____
- 2. How often **did** this counselor call you this quarter? _____
- 3. Did you have a face-to-face meeting with the counselor this quarter?: Y ___ N ___ If not, why? _____

Additional Comments: _____

Advocate's Signature _____ Date: _____

EMPLOYER'S INPUT

-to be completed by a supervisor or monitor who has read and understands the RTW Agreement-

PLEASE COMPLETE THE FOLLOWING CHECKLIST BY CIRCLING Y, N, OR N/A AS APPROPRIATE

****If this is the first quarterly being completed with an initial Return to Work Agreement, please circle N/A for all questions below****

- 1. Is this counselor bringing their attendance record to you to be signed monthly? Y N N/A _____
- 2. Does this counselor notify you of changes in medications? Y N N/A _____
- 3. Do you currently have drug testing kits available? Y N N/A _____
- 4. Has this counselor been able to leave work for drug screens? Y N N/A _____
- 5. Has this counselor received any performance counseling in the past 3 months? Y N N/A _____
- 6. Have there been any problems enforcing practice restrictions this quarter? Y N N/A _____

Additional Comments: _____

Supervisor Name (Print): _____ Title _____

Supervisor's Signature: _____ Date: _____

Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell/Pager: _____

Other individual(s) present _____ Title: _____ Phone#: _____

Other individual(s) present _____ Title: _____ Phone#: _____

Is Case manager present by phone conference? Y ___ N ___ Case Manager Name: _____

PRACTICE RESTRICTIONS CAN ONLY BE MODIFIED WITH TAPNET CASE MANAGER PERMISSION

Advocate or employer can obtain this permission from the case manager.

Note the date below that the restrictions were modified or reinstated:

NARCOTICS: _____ OVERTIME: _____ ON CALL: _____
(Limited to one shift per 2 week pay period)

FLOATING: _____ NIGHTS: _____ See Section 4 of the Return to Work Agreement