

IOWA PHARMACY RECOVERY NETWORK, INC. QUARTERLY ADVOCATE REPORT

Quarterly Reports are due March 15th, June 15th, September 15th and December 15th.

Date: _____
Client #: _____ **Client Reference:** _____ (*Initials: i.e. John Smith as "J.S."*)
Licensure/Registration Status: _____
Currently working in a Pharmacy: _____
Number of Contacts this Quarter: _____
Date of Last Contact: _____
Contacts via (phone, in person, email): _____

Submitted by (Advocate Name): _____

Based on your contact, please indicate your evaluation of the performance of the pharmacy professional. Please answer by checking the number which best describes the individual's progress since previous report.

	<i>1 (Poor - comment required)</i>	<i>2 (Acceptable)</i>	<i>3 (Excellent)</i>	<i>NA (Not Applicable)</i>	<i>Comments</i>
Contract Compliance					
Group Participation					
Attitude Towards Recovery					
Attitude Towards Family					
Attitude Towards Employment					
Participation in Aftercare					
Quarter Goals Met					
Overall Recovery					
Additional Comments for the Board of Pharmacy:					

Mail Completed forms to IPRN, 31702 Granite Avenue, Hinton, IA 51024 or email to emily2proheights.com.