**OPHP AFTERCARE REPORT**

An aftercare and evaluation report is an Oklahoma Pharmacists Helping Pharmacists (OPHP) compliance requirement and is required to be submitted for all participants every \_\_\_\_\_\_\_\_\_\_\_.

Report On OPHP Participant:

Date of Report:  Date Joined Aftercare:

Number of Sessions Attended Since Last Report: \_\_ This may be the first report \_\_\_\_\_\_

Number of Sessions Missed Since Last Report: \_\_\_\_\_\_\_\_\_

Reason(s) Given for Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problem Areas Addressed:

Is this OPHP Participant Making Satisfactory Progress: () Yes ( ) No

Comments:

Referrals or Recommendations Made to Participant:

Participant Compliance with Previous Recommendations:

Aftercare Agency:

Signature:

Name Print: Title:

Contact Number:

Comments: