



PRNIndiana MONTHLY COMPLIANCE REPORT

This form is to be completed and submitted to PRNIndiana before the 10th of **each** month for the prior month.

**Report for
Month/YR of:**

(Only 1 month.)

Mail to: PRNIndiana, 729 N. Pennsylvania St., Indianapolis IN 46204-1128

Email to: ipacarol@indianapharmacists.org Or **Fax to:** 317.624.4405

Client Name		Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Address		<input type="checkbox"/> Check if new		City: ST: Zip:	
Email Addr:		<input type="checkbox"/> Check if new			
Hphone		<input type="checkbox"/> Check if new ()		<input type="checkbox"/> Check if new Cell ()	
Work Place		<input type="checkbox"/> Check if new			
Wphone		()			
Supervisor		BOARD ORDERED CLIENTS <input type="checkbox"/> License Suspended <input type="checkbox"/> License on Probation			
CIRCLE YES OR NO ANSWERS BELOW WHERE APPROPRIATE					
What is your sobriety date?		/ /			
Any change in work status?		No Yes If yes, what?			
How frequently do you have <i>sponsor</i> contact?					
Have you attended required 12-step meetings this month?		Required meetings		How many attended No-If no, why?	
What step are you currently working?					
What type of community service are you doing? (Attach community service sheet)					
When was your last PRNIndiana <i>monitor</i> contact?					
Is your spouse/significant other attending Al-anon or Nar-anon?		Yes No If no, why?			
Are you currently in family/other counseling?		Yes No			
Are your current issues being addressed? How?					
Three trouble warning signs:		1.		2. 3.	
Your most troublesome warning sign:					
How did you deal with it?					
Do you have cravings?		No Yes – if yes, what & when?			
What did you do about your craving?					
What defects in character did you struggle with this month?					
Did you use your “Higher Power?”		No Yes – If yes, how?			
How would you describe your attitude this month about your recovery and the program?					
Have you helped others this month by sharing experience, strength, and hope?					

In general, what feelings have you had this month?	
Are you eating a balanced diet?	Yes No – If no, why?
Do you participate in any physical exercise?	Yes No
What are you doing to have fun?	
What have you learned about yourself and your recovery this month?	
What have you learned about others?	
Are you keeping up with your continuing education ?(pharmacists)	
ADDITIONAL COMMENTS	
PLEASE ATTACH MEETINGS RECORD, COMMUNITY SERVICE, EMPLOYER REPORTS, SCREENS, VACATION REQUESTS, ETC., TO THIS REPORT.	

Community Service

Community Service humbles us all and makes us aware of humanity around us that we overlook. We think our circumstances are dire, that there is no answer. Your answer is someone's prayer for help. Give your time helping and supporting those in need. You will find that your situation is not as desperate as you think. Continue your efforts and contribute time and talents to your community. Make it a better and safe place to live. Fill your heart with love and compassion - feel good, feel proud. Remember, the greatest gift of helping is doing it without payment or recognition. Make a difference in someone else's life and your own.



PRNIndiana
Record of 12-Step Meeting Attendance

The Medical Review Officer will recommend the minimum number of meetings that you should attend during the month. Ask for signature of coordinator at the meeting. Good attendance should be "**90 Meetings in 90 Days.**" You should keep a copy of this record for your files as proof of attendance. Make copies of this sheet or go online to download copy at www.prnindiana.com.

NAME _____

MONTH/YR (One month only) _____

	DATE	12-STEP MEETING	COORDINATOR SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

PRNIndiana COMMUNITY SERVICE
Record of Community Service Work

PRN strongly suggests our clients volunteer a minimum of 5 hrs of community service per month. You cannot count community service hours at your employment nor if you receive payment for working community service hours. Please have your supervisor sign-off below as you complete your volunteer hours.

	Date	Location	Supervisor	Description of Work	Hours.
1					
2					
3					
4					
5					
6					
7					
8					
TOTAL HOURS OF COMMUNITY SERVICE THIS MONTH					