

**MARYLAND DENTIST WELL BEING COMMITTEE
BOARD CASE**

419 W. Redwood Street
Suite 560
Baltimore, Maryland 21201
410/328-8549 (office) 410/328-1132 (fax)

**Monthly Monitoring Report
(This information will be shared with the State Board of Dental Examiners)**

Date: _____ **For The Month Of:** _____

Participant: _____

Provider/Casemanager: _____

CONTACT

- A. Number of face to face contacts within reporting period _____
- B. Number of phone contacts within reporting period _____
- C. Urine Compliance YES _____ NO _____ NA _____
- D. Number of Urines _____

Please circle the appropriate number to indicate the client's status in the following areas:

	Very Poor		Fair				Very Good		N/A
Recovery Status	1	2	3	4	5	6	7	N/A	
Family Situation	1	2	3	4	5	6	7	N/A	
Financial Situation	1	2	3	4	5	6	7	N/A	
Cooperation With Treatment	1	2	3	4	5	6	7	N/A	
General Attitude Toward Recovery	1	2	3	4	5	6	7	N/A	

SIGNATURE

DATE