THERAPY REPORT

I, ______________________________________, license number(s) ________________, hereby authorize _________________________________ to release to the Texas Board of Nursing the information required to answer the questions listed below:

__________________________________________
Signature of Nurse

Date of initial evaluation: __________________________
Findings:

Prognosis:

Based on this assessment, do you recommend treatment/therapy of any kind? ( ) YES ( ) NO If yes:
1. Type of treatment: ________________________________________________
2. Projected length of treatment: ______________________________________

If no, please provide the date on which the nurse was dismissed from therapy: ____________ (Date)

Are you aware of the reasons for this Board-required evaluation? ( ) YES ( ) NO

Is it your professional opinion that the nurse is capable of successfully carrying out daily responsibilities, including caring for self as well as family members? ( ) YES ( ) NO

Please attach additional comments, if necessary.

__________________________________________
Therapist's Signature Date Profession

__________________________________________
Therapist's Office Address and Telephone Number

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This form must be sent from the evaluator directly to the attention of Compliance, Texas Board of Nursing, at the above address.