



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Nursing
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

PLEASE SEND DIRECTLY TO THE NEW HAMPSHIRE BOARD OF NURSING

1. PHYSICIAN / PSYCHOLOGIST / LADC COUNSELOR REPORT FOR:

NAME: _____

ADDRESS: _____

DUE DATE: _____

2. INDICATE COMPLIANCE WITH TREATMENT, AS WELL AS NUMBER AND FREQUENCY OF VISITS:

3. PROVIDE INFORMATION RELATED TO PROGRESS AND ASSESSMENT OF TREATMENT:

4. IT IS MY OPINION THAT THIS CLIENT HAS THE MENTAL AND PHYSICAL ABILITY TO CONTINUE THE PRACTICE OF NURSING WITH REASONABLE SKILL AND SAFETY (CHOOSE ONE):

AGREE: _____

DISAGREE: _____ *

* IF DISAGREE, PLEASE EXPLAIN AND NOTE POSSIBLE ACCOMMODATION OR STIPULATIONS: _____

5. COUNSELOR/PHYSICIAN:

NAME/TITLE: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

Please use reverse side for additional comments if needed