ONE-BITE PROGRAM TREATMENT PROVIDER REPORT

Reporting Period: ____

1. Number of Licensees referred for evaluation for the One-Bite Program (including self-referrals) ____________
2. Number of licensee evaluated for the One-Bite Program ____________
3. Number of licensees determined to be eligible for the One-Bite Program ____________
4. Number of referrals sources by category
   - Self referrals ____________
   - Board referrals ____________
   - Medical society referrals ____________
   - Referrals by colleagues ____________
   - Referrals by the Ohio Physicians Health Program
5. Number of licensee evaluations which resulted in treatment recommendations for substance use disorder treatment ____________
6. Number of licensees treated based on the treatment providers own recommendations ____________
7. Number of licensees treated based on transfer or referral from other treatment providers ____________
8. Number of licensees who entered each phase of treatment ____________
   - Detoxification ____________
   - Residential treatment ____________
   - Extended Residential Treatment ____________
   - Partial Hospitalization ____________
   - Intensive Outpatient Treatment ____________
   - Continuing Care/Aftercare ____________
   - Other ____________

9. Number of liceness engaged in each phase of treatment
   - Detoxification ____________
   - Residential treatment ____________
   - Extended Residential Treatment ____________
   - Partial Hospitalization ____________
   - Intensive Outpatient Treatment ____________
   - Continuing Care/Aftercare ____________
   - Other ____________

10. Number of licensee who successfully completed each phase of treatment

    Detoxification ______________

    Residential treatment ______________

    Extended Residential Treatment ______________

    Partial Hospitalization ______________

    Intensive Outpatient Treatment ______________

    Other ______________

11. Number of licensees discharged from each phase of treatment other than upon successful completion, and the rationale for each such discharge ______________
12. Number of licensee relapses identified during continuing care and following continuing care ______________
13. Number and names of licensee reported to the board under chapter 4731 of the administrative code

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14. Number of referral sources notified of the treatment provider's inability to release information under federal law ______________

Comments:

Contact and Aftercare Facility Information

Contact Name: Title:

Company Name:

Address:

City: State: Zip:

Phone Number: E-mail:

______________________________ ______________________________

Signature Date