

HAVEN

Health Assistance Intervention Education Network



QUARTERLY PRACTICE LIAISON REPORT

HAVEN ID #: _____

Reporting Period: January to March – due April 15 April to June – due July 15
 July to September – due Oct. 15 October to December - due Jan. 15

1. Frequency of contact: _____

2. Has there been any change in practice responsibilities since the date of the last report?

3. Has this professional had any extended or unexplained absences?

4. Are controlled substances and all other medications prescribed and/or administered appropriately?

5. Does the health care professional appear to be practicing in a safe and skillful manner?

6. Use this space or attach an additional page for further comments, questions, or concerns:

Signature

Date

Printed Signature

Telephone

Address

Reports are due following the completion of each quarter, by April 15, July 15, October 15, and January 15, respectively. Please submit reports to: HAVEN, 1210 Mill Street, East Berlin, CT 06023 (860) 828-3175 Dedicated Fax (860) 828-3192.

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