

# 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 or emailed to: [reports@haven-ct.org](mailto:reports@haven-ct.org) .

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