



UPHP

Worksite Liaison Report

Participant's Name: _____ Employer's Name: _____

Participant's Duties: _____ Liaison's Name: _____

Average Hours/Week: _____ Liaison's Title: _____

What forms (in person, phone, virtual etc.) of contact and how often have you had contact with the participant during this reporting period?

	Never		Average		Always
Reports to work on time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaves work early:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calls into work sick:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes excessive breaks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is helpful and engaged at work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents a professional demeanor to clients/patients:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents a professional demeanor to colleagues/staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can handle stressful work situations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enters notes in a timely fashion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
Does the participant have access to controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been concerns about pill count accuracy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have medications been wasted according to institutional protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any reports/concerns about prescribing practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any signs of impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any validated complaints about patient care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any concerns about clinical decision making? (If yes, please comment below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like UPHP to contact you?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: _____

Signature: _____ Date: _____

Please email to UPHP@Utah.gov. If you have questions or concerns, please contact UPHP at 801-530-6428