

TEXAS BOARD OF NURSING
1801 CONGRESS AVENUE, #10-200
AUSTIN, TEXAS 78701
(512) 305-6838
Fax (512) 305-6870

THERAPY REPORT

Date Due: _____

I, _____, hereby authorize
_____ to release to the
(Therapist)
Texas Board of Nursing, the information required to answer the questions listed below.

Signature of RN

Date of initial evaluation: _____

Findings:

Prognosis:

Based on this assessment, do you recommend treatment/therapy of any kind?

() YES () NO If yes:

1. Type of treatment: _____
2. Projected length of treatment: _____

If no, please provide the date on which the nurse was dismissed from therapy: _____
(Date)

Are you aware of the reasons for this Board-required evaluation? () YES () NO

Is it your professional opinion that the nurse is capable of successfully carrying out daily responsibilities, including caring for self as well as family members? () YES () NO

Please attach additional comments, if necessary.

Therapist's Signature Date

Therapist's Office Address and Telephone Number

This form must be sent from the evaluator **directly** to the attention of Compliance, Texas Board of Nursing at the above address.