

TEXAS BOARD OF NURSING
333 GUADALUPE STREET, SUITE 3-460
AUSTIN, TEXAS 78701
(512) 305-6838 Fax: (512)305-6870
Email: compliance@bon.texas.gov

THERAPY REPORT

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

Signature of Nurse

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

Profession

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.