

FORM W

“Yes” Response to Questions in the Mental and Physical Health Section

Submit this form if your response to any part of the questions in this section was “Yes”. Use additional paper as necessary. If you prefer to self refer to the Texas Physician’s Health program, please contact them at <http://www.txphp.state.tx.us/> and sign the self referral portion of this form.

Self Referral to the Texas Physician’s Health Program	
<p>I affirm that I have self referred to the Texas Physician's Health program and have fully disclosed all conditions to them leading to my positive response(s) on questions in the Mental and Physical Health Section. I am aware that the Board will submit my application file to the TPHP. I understand that I will submit any supporting documentation for my condition(s) directly to the TPHP.</p>	
<hr/> <p>Applicant’s signature</p>	
<hr/> <p>Printed Name</p>	<hr/> <p>Date</p>

Mental or Physical Impairment	
Diagnosis:	
Prognosis and treatment plan:	
Current status:	
List of relevant medications taken within the past 5 years (list exact dosages):	
Provider names and contact information:	

Applicant’s Signature

Date

Printed name

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Describe the manner in which the condition(s) impaired your behavior, judgment, or ability to function in school, work, or other life activities:	
Describe how you intend to accommodate such condition(s) in your practice:	
Substance Abuse	
Substance(s) of choice:	
Describe how the substance was obtained:	
Dates of use:	
Sobriety date:	
Reasons for use:	
Supporting Documentation:	I have read the note below on supporting documentation and am requesting or submitting the appropriate documents directly to the Board. I understand

Applicant's Signature

Date

Printed name

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that my application may pass Pre-Licensure without supporting documentation but it will still be required by my Licensure Analyst.

Applicant Signature

Supporting Documentation:

- Please ask your current treating physician, sponsor or provider to submit a statement regarding your treatment including diagnosis, prognosis, medications prescribed, and compliance with recommendations directly to the Board.
- Your licensure analyst may also require the following:
 - Inpatient records
 - Outpatient records
 - Treatment records
 - Personal physician records
 - Counseling records
 - Contracts with impairment support groups.
 - Records on file with law enforcement agencies and licensing agencies
 - Letters of compliance.
 - Substance screening records (urine, hair and blood screens).
 - AA/NA attendance records.

Note on Mental, Physical, Neurological Conditions:

The Board understands that medical or mental health treatment is a normal part of many people's lives and such treatment does not of itself disqualify an applicant from licensure. However, the board is obligated to determine whether an applicant is physically or mentally fit to practice and, therefore, must inquire into such matters to the extent necessary to make such determinations.

If you answered "Yes" to the final question in this section, explain how the limitations caused by your mental health condition or substance abuse problem are reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program.

Applicant's Signature

Date

Printed name