MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St Paul MN 55108
phone: 651-642-0487
fax: 651-797-1380
email: hlbhpsp@state.mn.us
web: mn.gov/boards/hpsp

Participant Update

Quarter:
Jan 15th ☐ April 15th ☐ July 15th ☐ Oct. 15th ☐

Print Name:

____

Date of Birth: ____________________

Address Change: ☐ No ☐ Yes *(please update)*

Effective Date:

____

New Address:

____

____

Phone Change? ☐ No ☐ Yes (*please update)*

☐ Home Number Change:

____

☐ Cell Number Change:

____

Employment Change? No ☐ or ☐ Yes *(please update)*

Effective Date:

____

Please complete if your Employment has changed

Work site Name:

____

____

Proposed Work Site Monitor:

____

Address:

____

____

Position:

____

Schedule/Hours: ________________________

Describe Current Symptoms:

List Continuing Care/Recovery Activities:

Describe challenges and successes in home/social life:

Describe challenges and successes in employment:

Summarize Future Plans:

Signature: ___________________________

Date: ________________________________

Return to HPSP via email hlbhpsp@state.mn.us.
You may also fax or mail to HPSP.

Thank you!