

Have you undergone an evaluation for this condition? _____

Where? _____

Have you received any treatment for this condition? _____

Who was your treating physician? _____

Where did this treatment take place? _____

What were the dates of treatment? _____

Licensees or applicants may be ineligible to participate in the IPHP for the following reasons:

- The applicant or licensee engaged in the unlawful diversion or distribution of controlled or illegal substances for personal gain or profit
- The applicant or licensee is currently under an IBM order for alcohol or drug abuse or for another issue related to an impairment.
- The applicant or licensee has caused harm or injury to a patient
- The IBM is currently investigating the applicant or licensee for matters related to an impairment
- The applicant or licensee provided inaccurate, misleading, or fraudulent information or failed to cooperate with the IBM or IPHP

Do any items in the above list apply to you? *(Please note, if it is determined at some point in the future that you were ineligible for IPHP participation due to one of the above criteria, you may be referred to the Iowa Board of Medicine.)*

Yes* No

* If yes, please explain

*All information in possession of the Iowa Physician Health Program and its personnel regarding licensees is **confidential**. Do you give the IPHC permission to inquire about the material facts you have provided in this self-report?*

Yes No

Physician Signature

Date

Please return this form to:

The Iowa Physician Health Program
400 SW 8th, Suite C
Des Moines, Iowa 50309-4686

If you have any questions or comments, call (515) 281-6491. Fax 515-242-0155.