



Monthly Support Log for Individuals

Team Member Information

Submitted by: _____

Role: _____

Email: _____

Agency/Organization: _____

County: _____ State: _____

Contact Details

Month: _____ Year: _____

Number of Contacts This Month: _____

How many new? _____ How many follow up? _____

Contacts referred by:

- Self
- Family
- Coordinator
- Supervisor
- Another Peer
- MHP
- Colleague

Other: _____

Contact Type:

- Colleague
- Family
- Fellow Team Member

Other: _____

How many work stress? _____

- Trouble adjusting
- Overwhelmed by workload
- Conflict with management
- Grief, Loss
- Conflict with colleague

Other: _____

How many family stress? _____

- Trouble adjusting
- Concerns with finances
- Concerns with personal safety
- Conflict with family member(s)
- Concerns with health
- Concerns with harm to self or another
- Grief, Loss
- Concerns with addiction

Other: _____

How many contacts other than work or family stress? _____

Explain:

Total time spent: _____ Total number referred: _____

Total number to follow up: _____

Any skills and/or resources that would have been helpful to you?

Any issues / concerns you wish to discuss with the Coordinator?
