

**KENTUCKY PHYSICIANS HEALTH FOUNDATION**  
**MONTHLY REPORT FORM**

DATE: \_\_\_\_\_ REPORT FOR MONTH OF: \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PLEASE UPDATE ANY NEW INFORMATION:**

Phone numbers (home, cell, or work), email address, home or work address  
(Only list information here if it is new since last month)

\_\_\_\_\_  
\_\_\_\_\_

**LAST USE/SOBRIETY DATE** \_\_\_\_\_

**PLEASE UPDATE THE FOLLOWING AREAS(Journal): This is Required**

WORK/SCHOOL:

FAMILY:

SELF:

SPONSOR:

PHONE NO:

NUMBER OF MEETINGS (AA, SA, NA) ATTENDED THIS MONTH: \_\_\_\_\_

**YOUR MEETINGS MUST BE LOGGED INTO THE AFFINITY APP:** Sponsor **MUST** sign this form. This form should be attached to the meeting log and submitted each month.

Sponsor Signature: \_\_\_\_\_

Date: \_\_\_\_\_