

STATE OF NEVADA

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DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF NURSING  
**Licensed Counselor Report**

Client Name: \_\_\_\_\_ Sobriety Date: \_\_\_\_\_

Counselor Name: \_\_\_\_\_ Report Date: \_\_\_\_\_

Please check the stipulation(s) this report fulfills:

☐ Aftercare/SUD Counseling      ☐ Psychiatric/Mental Health Provider Report

Attach additional pages as needed

1. Diagnosis:
2. Treatment Plan (*include symptoms/problems, objectives, modality, frequency, and progress to date*):
3. Current Psychosocial Status (*include current living situation, work, family, and community supports*):
4. Significant stressors or adjustments within nursing practice:
5. Medications:

(continue on page 2)

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Licensed Counselor Report  
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6. Describe recovery activities for substance use disorder:

7. Dates of treatment:

8. Additional comments:

Counselor Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Upload completed form to Spectrum or email to: [eralph@nsbn.state.nv.us](mailto:eralph@nsbn.state.nv.us)**