

Participant Last Name

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First Name

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Employee SSN:

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Clinician Phone:

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EAP Clinician Signature: _____

Date: _____

Total Sessions Billed:

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Number of EAP Sessions Used at Case Closing:

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Presenting and Assessed Problem: choose only one Presenting problem (P) and one Assessed problem (A)

- | | | | |
|--|--|--|--|
| P A | P A | P A | P A |
| <input type="radio"/> <input type="radio"/> Alcohol | <input type="radio"/> <input type="radio"/> Eating Disorder | <input type="radio"/> <input type="radio"/> Child Care | <input type="radio"/> <input type="radio"/> Job / Occupational |
| <input type="radio"/> <input type="radio"/> Drugs | <input type="radio"/> <input type="radio"/> Hyperactivity/Learning | <input type="radio"/> <input type="radio"/> Adult / Elder Care | <input type="radio"/> <input type="radio"/> Legal |
| <input type="radio"/> <input type="radio"/> Mixed Alcohol / Drug Abuse | <input type="radio"/> <input type="radio"/> Impulse control | <input type="radio"/> <input type="radio"/> Family Problem | <input type="radio"/> <input type="radio"/> Marital / Relationship |
| <input type="radio"/> <input type="radio"/> Anxiety | <input type="radio"/> <input type="radio"/> Thought disorder | <input type="radio"/> <input type="radio"/> Financial Problem | <input type="radio"/> <input type="radio"/> Situational / Adjustment |
| <input type="radio"/> <input type="radio"/> Depression | | <input type="radio"/> <input type="radio"/> Grief / Loss | <input type="radio"/> <input type="radio"/> Medical Problem |

Risk and Functional Assessment: Indicate participant's level of impairment at case opening and at case closing.
0 = No evidence of impairment; 1 = mild; 2 = moderate; 3 = severe impairment

	Case Opening				Case Closing			
Member's risk to self.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Member's risk to others.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Mood Disturbances (depression or mania).....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anxiety.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Thinking / Cognition / Memory / Concentration.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Impulse / Reckless / Aggressive Behavior.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Activities of Daily Living Problems.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medical / Physical Condition.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Substance Abuse / Dependence.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job / School Performance.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Functioning / Relationship / Marital / Family...	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Goals:

1.	<input type="radio"/> Met	<input type="radio"/> Partially Met	<input type="radio"/> Not Met	<input type="radio"/> No Change
2.	<input type="radio"/> Met	<input type="radio"/> Partially Met	<input type="radio"/> Not Met	<input type="radio"/> No Change
3.	<input type="radio"/> Met	<input type="radio"/> Partially Met	<input type="radio"/> Not Met	<input type="radio"/> No Change

EAP / Psychiatric History Assessed Yes No Notes: _____

Substance Abuse Treatment History Assessed Yes No Notes: _____

Strength, Skills, Aptitude and Interests Assessed Yes No Notes: _____

Supports Assessed Yes No Notes: _____

Military History Assessed Yes No Notes: _____

Case Closing

- | | | | |
|--|---|--|---|
| Problem Status at Closing: | Case Disposition: | Referral Type: | Psychiatric Treatment |
| <input type="radio"/> Resolved | <input type="radio"/> Face-to-face assessment / no referral | <input type="radio"/> No referral beyond EAP | <input type="radio"/> Inpatient |
| <input type="radio"/> Partially Resolved | <input type="radio"/> Face-to-face assessment / referral accepted | <input type="radio"/> Community Resource | <input type="radio"/> Partial Hospitalization |
| <input type="radio"/> Getting Worse | <input type="radio"/> Face-to-face Assessment / referral declined | <input type="radio"/> Medical Treatment | <input type="radio"/> Outpatient (non-MD) |
| <input type="radio"/> No Change | <input type="radio"/> Did not keep initial appointment | Substance Abuse Treatment | <input type="radio"/> Outpatient (MD) |
| <input type="radio"/> Not Applicable | <input type="radio"/> Withdrew before completion of services | <input type="radio"/> Inpatient | <input type="radio"/> Other |
| | | <input type="radio"/> Intensive Outpatient | |
| | | <input type="radio"/> Detox Only | |
| | | <input type="radio"/> Other | |