



State **ZIP Code** **SSN or Tax ID Number:** **NPI Number:**

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.....	00	01	02	03	00	01	02	03
Member's risk to others.....	00	01	02	03	00	01	02	03
Mood Disturbances (depression or mania).....	00	01	02	03	00	01	02	03
Anxiety.....	00	01	02	03	00	01	02	03
Thinking / Cognition / Memory / Concentration.....	00	01	02	03	00	01	02	03
Impulse / Reckless / Aggressive Behavior.....	00	01	02	03	00	01	02	03
Activities of Daily Living Problems.....	00	01	02	03	00	01	02	03
Medical / Physical Condition.....	00	01	02	03	00	01	02	03
Substance Abuse / Dependence.....	00	01	02	03	00	01	02	03
Job / School Performance.....	00	01	02	03	00	01	02	03
Social Functioning / Relationship / Marital / Family...	00	01	02	03	00	01	02	03

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	