



Participant Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee SSN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Clinician Phone:

			-				-												
--	--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

EAP Clinician Signature: \_\_\_\_\_

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

Total Sessions Billed:

--	--

Number of EAP Sessions Used at Case Closing:

--	--

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

- |  |  |  |  |
|--|--|--|--|
| <b>P A</b>   | <b>P A</b>   | <b>P A</b>   | <b>P A</b>   |
| <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**

- |  |   |  |   |
|--|---|--|---|
| <b>Problem Status at Closing:</b>        | <b>Case Disposition:</b>  | <b>Referral Type:</b>                        | <b>Psychiatric Treatment</b>                  |
| <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            | <b>Substance Abuse Treatment</b>             | <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                  |   |