

CONCERN: EAP CASE SUMMARY FORM

Client Name: _____ Employer _____

Affiliate/ Provider Name _____ Affiliate/Provider Phone _____

Reason for closing the case (check all that apply)

- Treatment Goals met Client prematurely discontinued treatment
 Maximum # of visits used Affiliate/ Provider discontinued treatment or referred before all visits were used
 Other _____

Briefly summarize case disposition upon closing:

If this was a single visit case, did you follow-up with the client within two weeks when they did not return? Yes No
If no, please explain:

If this was a high-risk case (including Supervisor Referrals, suicide/homicide/violence, child/elder abuse, and psychiatric emergencies) did you consult with your CONCERN supervisor? Yes No Not Applicable
If no, please explain:

Specify Chemical Dependency intervention at closing

- Not applicable Diagnosis Education Intervention Treatment Recovery/ Aftercare Plan

If referrals or recommendations were given, did you follow-up with the client? Yes No

Did you give the client a Satisfaction Survey? Yes No

Affiliate/Provider signature _____ **Date** _____