



EMPLOYEE ASSISTANCE NETWORK

CASE CLOSING FORM

CLIENT INFORMATION:

Client Last Name: _____ First Name: _____
Case #: _____

CLOSING INFORMATION:

Case Disposition:

- EAP process complete, no further service required
- Client withdrew from service before complete
- EAP process complete, referred for additional service
- Client never showed

Other Services Recommended:

- | | |
|---|--|
| <input type="checkbox"/> No further service recommended | <input type="checkbox"/> Substance abuse treatment |
| <input type="checkbox"/> Outpatient therapy with other provider | <input type="checkbox"/> Psychiatric treatment |
| <input type="checkbox"/> Outpatient therapy with EAP provider | <input type="checkbox"/> Primary care physician |
| (were other referrals provided? <input type="checkbox"/> Yes <input type="checkbox"/> No) | <input type="checkbox"/> Self-help |
| <input type="checkbox"/> Other community services | <input type="checkbox"/> Other: _____ |

Case Closing Date: _____

CLOSING STATEMENT:

PROVIDER'S OUTCOME ASSESSMENT: Your assessment of the client's progress, outcome, and overall EAP experience is very valuable to our ability to monitor and improve our services. Please answer the following questions according to your opinion/perception.

Has client followed up with referrals, if made?

- Ct. followed referral Ct. did not follow referral No referral made No info

Rate your perceptions of the client's progress below with the following scale:

- 1 - Same 2 - Some improvement 3 - Significant improvement 4 - Problem resolved

Overall progress with assessed problem areas: ____ Impact on work performance: ____

Specific improvement in symptoms: ____ Client's perception of progress with presenting problem: ____

In your opinion, please rate the client's overall satisfaction with the EAP experience (circle one):

- 1 - Very dissatisfied 2 - Dissatisfied 3 - Satisfied 4 - Very satisfied

Additional comments: _____

CLINICIAN SIGNATURE: _____ DATE: _____