



EMPLOYEE ASSISTANCE NETWORK

CLIENT SCREENING

Please *briefly* address **all** of the following items based upon your assessment in the initial EAP session:

1. Previous use of mental health services

- None reported Previous counseling Previous hospitalization
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2. General mental health status and notable developmental issues

- No developmental issues reported
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3. Family relationships and other social support systems

- Adequate support systems Concerns with or paucity of support system (explain)
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4. Strengths and resources

5. Notable issues with independent living skills or activities of daily living

- None reported
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6. Educational/occupational/vocational information

- Stable work/school environment Work/education-related concerns (explain)
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7. General financial status, including insurance coverage (check all that apply)

- Stable financial situation Financial concerns Has health insurance Does not have insurance
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8. Housing status, notable history

- Housing secure, unremarkable Presence or history of housing concerns (explain)
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9. Presence of trauma history or trauma-related symptoms

- None reported Trauma history, no current symptoms Trauma symptoms present (explain)
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Please return: 1. EAN Reporting Form 2. EAN Client Screening Form 3. Invoice Form 4. Case Closing Form 5. signed EAN Client Service Agreement within 30 days of authorization end date and mail or fax it to:
EAN - Metropolitan Family Services • One North Dearborn, 10th fl. • Chicago, IL 60602 • Ph 312-986-4249 • Fax 312-986-4187