EMPLOYEE ASSISTANCE NETWORK

EAN REPORTING FORM

CLIENT INFORMATION:

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

ASSESSED PROBLEM AREAS (Mark 1 for primary, 2 for secondary, and 3 for tertiary)

Addictions
- ☐ Alcohol
- ☐ Addictions in the family
- ☐ Drugs/prescription meds
- ☐ Gambling
- ☐ Other addictions

Mental Health
- ☐ Anger
- ☐ Anxiety
- ☐ Compulsive behavior
- ☐ Child/behavioral
- ☐ Depression
- ☐ Stress
- ☐ Trauma (non-work)

Relationships
- ☐ Child-parent
- ☐ Family
- ☐ Domestic violence
- ☐ Marital/relationship

Miscellaneous
- ☐ Elder care
- ☐ Grief/loss/ bereavement
- ☐ Health
- ☐ Other:

Work-related
- ☐ Co-worker relationship
- ☐ Supervisor relationship
- ☐ Workplace violence
- ☐ Harassment
- ☐ Work stress
- ☐ Other work: _____
- ☐ Job insecurity
- ☐ Work performance
- ☐ Management referred
- ☐ Workplace trauma

ASSESSMENT SUMMARY: Include presenting problems and service plan, and if client has **suicidal, homicidal, domestic violence risk, or substance abuse issues**. Note absence of these issues.

_____
_____
_____
_____
_____
_____

Has client signed the EAN Service Agreement? (this is required) ☐ Yes ☐ No

☐ EAP case in progress ☐ EAP case closed (must complete EAN Case Closing Form)

_____ _____
Clinician signature Date

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