

112 Washington Place
 Chatham Center Two – Suite 400
 Pittsburgh, PA 15219
 412.647.3698 or 1.800.647.3327
 412.647.9484 Fax

Date: _____ Case Number: _____

Counselor: _____

Counselor's Phone #: _____

Client First Name: _____ Last: _____ Date Closed: ____/____/____

To be completed by the counselor:

Please complete all 6 sections prior to faxing form.

1 Disposition of Case (Check one.)

- Successful Problem Resolved
- Problem Improved
- Problem Unimproved
- Problem Worsened
- Unable to Determine – Client discontinued contact.
- Other

2 Was a referral made to an outside provider?

- No referral, issue resolved in EAP
- No referral, declined referral
- No referral, in pre-existing treatment
- No referral, quit EAP prematurely
- Yes, referral made, but not into any medical plan
- Yes, referral made and client completed
- Yes, referral made, but unknown if client completed
- Yes, referral made, but client did not complete

Referred to: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

**3 Indicate (1) for primary presenting problem
 Indicate (2) for secondary present problem**

Family

- Family Conflict
- Child
- Teen
- Parent/Child Relationship
- Domestic Violence
- Reaction to Illness
- Living w/Abuse or Addiction
- Living w/Emotional Problem
- Family Other
- Elder Care

Marital/Relationship

- Marital/Relationship

Emotional Problems

- Depression
- Anxiety
- Grief
- Emotional Other

Trauma and Abuse

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Post Traumatic Stress
- Trauma Other

Abuse/Addiction of Client

- Alcohol Abuse
- Drug Abuse
- Gambling
- Internet
- Sexual
- Abuse Other

Work Related

- Relationship w/Co-workers
- Relationship w/Supervisor
- Workplace Violence
- Harassment
- Job Performance
- Work Stress
- Work Related Other

Financial

- Financial Planning
- Debt
- Financial Other

Medical Condition

- Medical Condition

Legal

- Legal

Other

- Eating Disorder
- Stress
- Career Concerns

4 GAF at Closing: _____

5 Total # of sessions used: _____

6 Dates of sessions: _____

This form must be submitted within 30 days of last session. Fax it to 412-647-9484.