

Metropolitan Family Services

150 years of amazing strength

EAN Case Closing Form

CLIENT INFORMATION

Client Last Name: _____ First Name: _____

Case #: _____

CLOSING INFORMATION

Case Disposition:

- EAP process complete; no further service required
- EAP process complete; referred for additional services
- Client Withdrew from service before complete
- Client Never Showed

Other Services Recommended:

- No Further Service Recommended
- Outpatient Therapy- w/ Other Provider
- Outpatient Therapy-w/EAP Provider
- (Were other referrals offered Yes No)
- Other Community Services
- Substance Abuse Treatment
- Psychiatric Treatment
- Primary Care Physician
- Self Help
- Other: _____

Case Closing Date: _____

CLOSING STATEMENT

PROVIDER'S OUTCOME ASSESSMENT

Your perception 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 referral/s if made?

- Ct. followed referral
- Ct. did not follow referral
- No Referrals Made
- No information

Rate your perceptions of 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	<input type="checkbox"/>	Impact on Work Performance	<input type="checkbox"/>
Specific improvement in symptoms	<input type="checkbox"/>	Client's perception of progress with presenting problem	<input type="checkbox"/>

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