

Metropolitan Family Services

150 years of amazing strength

EAN REPORTING FORM

CLIENT INFORMATION

Client Last Name: _____ First Name: _____

Client Company: _____

Case #: _____ Date Authorized: _____

ASSESSED PROBLEM AREAS

(Mark "1" for primary, "2" for secondary, and "3" for tertiary)

- | | | | |
|---|--|--|---|
| Addictions: | Mental Health: | Relationships: | Miscellaneous: |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Anger | <input type="checkbox"/> Child-Parent | <input type="checkbox"/> Elder Care |
| <input type="checkbox"/> Addictions in the Family | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Family | <input type="checkbox"/> Grief/Loss/Bereavement |
| <input type="checkbox"/> Drugs/Prescription Meds | <input type="checkbox"/> Compulsive Behavior | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Health |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Child/Behavioral | <input type="checkbox"/> Marital/ Relationship | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other Addictions | <input type="checkbox"/> Depression | | |
| | <input type="checkbox"/> Stress | | |
| | <input type="checkbox"/> Trauma (non-work) | | |
| Work-Related: | <input type="checkbox"/> Harassment | <input type="checkbox"/> Job Insecurity | <input type="checkbox"/> Management Referred |
| <input type="checkbox"/> Co-worker Relationship | <input type="checkbox"/> Work Stress | <input type="checkbox"/> Work Performance | <input type="checkbox"/> Workplace Trauma |
| <input type="checkbox"/> Supervisor Relationship | <input type="checkbox"/> Other Work: _____ | | |
| <input type="checkbox"/> Workplace Violence | | | |

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 Client 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 the (1) EAN Reporting Form, (2) EAN Client Screening Form, (3) Invoice Form, (3) Case Closing Form, and the (5) signed EAN Client Service Agreement within 30 days of authorization end date via fax or mail to:
EAN—Metropolitan Family Services • One North Dearborn • 10th Floor • Chicago, IL 60602 • Phone 312.986.4249 • Fax 312.986.4187