



Client Case Closing

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 counselor:

Please complete all 6 sections prior to faxing form

1

Disposition of Case (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Successful Problem Resolved | <input type="checkbox"/> Problem Worsened |
| <input type="checkbox"/> Problem Improved | <input type="checkbox"/> Unable to Determine – Client discontinued Contact |
| <input type="checkbox"/> Problem Unimproved | <input type="checkbox"/> 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, unknown if client completed
- Yes, referral made, 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
- Conflict
- Teen
- Parent/Child Relationship
- Domestic Violence
- Reaction to Illness
- Living w/ Abuse or Addiction
- Living w/ Emotional Problem
- Family Other
- Eldercare

Marital/Relationship

- Marital/Relationship

Emotional Problems

- Depression
- Anxiety
- Grief
- Emotional Other

Trauma & 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
- Work Place 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

Date(s) of sessions: _____, _____, _____
_____, _____, _____, _____, _____

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