



NEW AVENUES / MBHN:

Case Closing Summary EAP
 MBHN

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Client Name: _____ **# of Sessions Held:** _____ **# of Cancellations/No Shows:** _____ **Date Case Closed:** _____

Employee's Name: _____ **SSN/Case #:** _____ **Employer Name:** _____

Presenting Problem: _____

1.0 ----- 1.5 ----- 2.0 ----- 2.5 ----- 3.0 ----- 3.5 ----- 4.0 ----- 4.5 ----- 5.0
No Mild Moderate Pronounced Problem
Change Change Change Change Resolution

Using the rating scale to evaluate Clinical Status, place a NUMERICAL RATING beside each Treatment Goal.

Evaluation Question: To What Extent Did The Client Experience A Positive Change When It Came To Resolving The Identified Problem?"

- 1.0 No Change: The client appeared to experience NO POSITIVE CHANGE when it came to this problem.
- 2.0 Mild Change: The client appeared to experience A LITTLE POSITIVE CHANGE when it came to this problem.
- 3.0 Moderate Change: The client appeared to experience SOME POSITIVE CHANGE when it came to this problem.
- 4.0 Pronounced Change: The client appeared to experience MARKED POSITIVE CHANGE when it came to this problem.
- 5.0 Problem Resolution: The client appeared to RESOLVE this problem completely.

Treatment Goal #1: _____
Treatment Goal #2: _____
Treatment Goal #3: _____
Treatment Goal #4: _____

Goals Achieved: _____

Disposition at last EAP Visit: Resolved Improved Unimproved **Continued Treatment Into Mental Health Benefit:** Yes No Declined

Type of Behavioral Health Referral: Individual Family/Marital Alcohol/Drug Treatment Psychiatric Medical Care Other/Self Help Groups

Referral Details: _____

EAP CLIENTS ONLY

MBHN Case Closing Status: Client Assessed: No Treatment Indicated Client Successfully Completed Treatment Client Discontinued Therapy – “No Show”
 Client Chose to Terminate Therapy Client Relocated Client Lost Benefit Eligibility Other: _____

Discharge Diagnosis: AXIS I: _____ Description: _____ AXIS II: _____ Description: _____ AXIS V: _____ GAF Score: _____

Prognosis: _____

Discharge Recommendations: _____

MBHN CLIENTS ONLY

Provider's Name:(print) _____ **Provider's Signature:** _____ **Date Signed:** _____