

HelpNet Employee Assistance Program

36 W. Manchester
Battle Creek, MI 49037

Phone: 1-800-969-6162 or 1-269-660-3900
Fax: 1-269-660-3890

CLINICAL ASSESSMENT FORM

Please completely fill out and fax to HelpNet after completion of assessment.

Name of Client: _____

Employer: _____

Contact Phone #: _____ OK to leave message: ___Y ___N

DOB: _____ SS#: _____

Date of Initial Appointment: _____

Additional Appointment Dates: _____

Brief Clinical Assessment: _____

Provisional Dx (DSMIV) _____ Description/Code

RECOMMENDATIONS

_____ Brief Counseling through EAP	_____ Residential Chemical Dependency
_____ Outpatient Psychotherapy	_____ Treatment./Detox
_____ IOP/Outpatient Chemical	_____ Support Group
_____ Dependency Treatment	_____ No referral made
_____ Inpatient Psychiatric	_____ Other _____
_____ Partial Hosp. Program	_____

Release of Information has been signed between Affiliate and HelpNet: ___Y ___N

Release of Information has been signed between Client/HelpNet/and provider(s) of recommended treatment: ___Y ___N

PLEASE ATTACH COPIES OF ALL SIGNED "RELEASE OF INFORMATION FORMS" PERTAINING TO THIS CLIENT

(If Applicable)

Provider #1 Name: _____
Address: _____
Phone #: _____
Contact Person (if known): _____

Provider #2 Name: _____
Address: _____
Phone #: _____
Contact Person (if known): _____