

## EAP CLINICAL ASSESSMENT FORM

Client Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's Expected Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Current Signs/Symptoms

<b>Acute Stress</b>	( )yes ( )no	<b>Pressured speech</b>	( )yes ( )no	<b>Loose associations</b>	( )yes ( )no
<b>Depressed mood</b>	( )yes ( )no	<b>Weight loss/gain</b>	( )yes ( )no	<b>Psychomotor retardation</b>	( )yes ( )no
<b>Appetite disturbance</b>	( )yes ( )no	<b>Panic attacks</b>	( )yes ( )no	<b>Concentration/attention problems</b>	( )yes ( )no
<b>Sleep disturbance</b>	( )yes ( )no	<b>Phobias</b>	( )yes ( )no	<b>Impulse control problems</b>	( )yes ( )no
<b>Low energy</b>	( )yes ( )no	<b>Agitation</b>	( )yes ( )no	<b>Binging/purging</b>	( )yes ( )no
<b>Conduct problems</b>	( )yes ( )no	<b>Sexual dysfunction</b>	( )yes ( )no	<b>Irritability</b>	( )yes ( )no

### Mental Status

<b>Oriented x3</b>	( )yes ( )no	<b>Impaired memory</b>	( )yes ( )no	<b>Delusions</b>	( )yes ( )no
<b>Impaired judgment</b>	( )yes ( )no	<b>Other cognitive impairment</b>	( )yes ( )no	<b>Hallucinations</b>	( )yes ( )no

## Risk Assessment (Explain any positive findings)

<b>Suicidal Risk</b>		<b>Homicidal Risk</b>		<b>Abuse Risk</b>	
<b>Ideation</b>	( )yes ( )no	<b>Ideation</b>	( )yes ( )no	<b>Verbal</b>	( )yes ( )no
<b>Intent</b>	( )yes ( )no	<b>Intent</b>	( )yes ( )no	<b>Emotional</b>	( )yes ( )no
<b>Plan</b>	( )yes ( )no	<b>Plan</b>	( )yes ( )no	<b>Physical</b>	( )yes ( )no
<b>Means</b>	( )yes ( )no	<b>Means</b>	( )yes ( )no	<b>Sexual</b>	( )yes ( )no

**Actions taken regarding risk factors:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Substance Use Assessment

Drug/Alcohol Use (For past 12 months) ( )yes ( )no if yes complete following.

Substance	Amount	Frequency	Age Began	Last Used

### Strengths/Resources

- ( ) Family support
- ( ) Relationship stability
- ( ) Intellectual cognitive skills
- ( ) Coping skills resiliency
- ( ) Insight
- ( ) Parenting skills
- ( ) Socio-economic stability
- ( ) Communication skills
- ( ) Community support
- ( ) Spirituality/Religious affiliations
- ( ) Other:

### Summary of Action Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Clinician Signature/Credentials/Date

\_\_\_\_\_  
Client Signature/Date