

# INTERFACE EAP – CLINICAL FEEDBACK FORM

VOICE: 800-324-4327 or 713-781-3364

SECURE CLINICAL FAX: 800-304-4838 or 713-781-4954

*This form is used to provide Interface EAP with clinical information and to request authorization.*

Patient's First Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Provider: \_\_\_\_\_ Date Form Submitted: \_\_\_\_\_

I. Date(s) of sessions covered in this report: \_\_\_\_\_

## II. Diagnoses

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: Stressors: \_\_\_\_\_

Axis V: Current GAF: \_\_\_\_\_ Highest GAF past year: \_\_\_\_\_

III. Current Symptoms And Severity:  Symptoms in remission due to medication

IV. Relevant History:  No additional data since last clinical update

V. Current Medications And Dosages:  No current psychotropic medications

## VI. Patient's Current Level Of Risk (include data on history and any plan):

A. Suicide: [1] Probability:  None  Low  Moderate  High

[2] Plan:  None Specific Plan: \_\_\_\_\_

[3] Intent:  None Level of Intent: \_\_\_\_\_

B. Significant Violence Toward Others:

[1] Probability:  None  Low  Moderate  High

[2] Plan:  None Specific Plan: \_\_\_\_\_

## VII. Proposed Treatment Plan (D & E must be completed for long-term cases):

A. Estimated length of treatment: \_\_\_\_\_  Chronic condition -- indefinite treatment

B. Goals to be met before termination of treatment: \_\_\_\_\_

C. How are goals to be measured? \_\_\_\_\_

D. Progress since start of treatment? Completed \_\_\_\_\_ % of goals as evidenced by: \_\_\_\_\_

E. Anticipated step-down date: \_\_\_\_\_ Step-down frequency? \_\_\_\_\_

F. Patient's response to treatment  Poor  Marginal  Fair  Good  Excellent

## VIII. Action Requested (must be completed for authorization):

Request remaining \_\_\_\_\_ EAP sessions & Close Case (limited number; free to pt; not available in all cases)

**OR**

Long Term Issue: Request use of Insurance Benefits (uninterrupted care for duration of treatment)

1. CPT Code: \_\_\_\_\_ Frequency: \_\_\_\_\_ Number: \_\_\_\_\_

2. CPT Code: \_\_\_\_\_ Frequency: \_\_\_\_\_ Number: \_\_\_\_\_

Referral to: \_\_\_\_\_ For: \_\_\_\_\_

Close case - No further treatment necessary

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