

# 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

### CONFIDENTIALITY NOTICE

The information contained in this document is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this document is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this document is strictly prohibited. If you have received this document in error, please immediately notify us by telephone and return the original document to us at the address above via the United State Postal Service. Thank you.