



BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

EAP Treatment Summary

***Total Number of
EAP Visits Approved:*** _____

Company Name: _____

Patient Name: _____

Patient Date of Birth: _____

Initial Assessment Date: _____

Presenting Problem: _____

Follow-up Session Dates: _____, _____, _____, _____, _____, _____, _____

Brief Summary of Treatment:

Post EAP Recommendations/Referrals:

Clinician's Signature: _____

EAP RTP (01/2011)