

**MERCY EMPLOYEE ASSISTANCE PROGRAM- Documentation/Notes**

Client Name: \_\_\_\_\_

Session #\_\_\_\_  Telephone Call  Consult

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Clinician Signature & Credentials \_\_\_\_\_ Date \_\_\_\_\_

Session #\_\_\_\_  Telephone Call  Consult

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Clinician Signature & Credentials \_\_\_\_\_ Date \_\_\_\_\_

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