Month/Year
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	Assessed Problem ("see key)	Session # to Date	Hours	Company Providing EAP	Auth Number	Client Name First & Last	Appt Date	Activity (*see key)

## **EAP Documentation Key**

#### Code

#### Definition

A Anger ANX Anxiety

AO Addictions – Other

B Bullying

CP Critical Psychiatric

C Coaching
D Depression
EC Elder Care

**ED** Eating Disorders

F FinancialFCD Family CDG Gambling

IPV Intimate Partner Violence

JI Job Issues
L Legal

MR Marital/Relationship

Other Mental Health

**OMHI** Issues

PC Parent Child

S Stress

SA Substance Abuse

# Activity Key

I Initial Appointment

FU Follow Up Appointment

**CL** Closing

NS/CX Now Show/Cancel

Client's first appointment with counselor

Self Explanatory

No further appointment with counselor

Client did not show for or cancelled appointment

Major mental illness requiring facility care or other

emergent clinical intervention

### **Closure Codes**

R Resolved Situation has resolved and client has no significant complaints

I Improved Goals met or partially met

I Improved Goals met or partially met
U Unimproved Symptoms have maintaine

U Unimproved Symptoms have maintained or deteriorated
Does not want further EAP help and made no
progress

Ter Terminated Client was laid off, quit, or was fired from company

D Deceased Self explanatory

Tran Transferred Client referred to benefit or another EAP counselor