

## EMPLOYEE ASSISTANCE PROGRAM CONTACT REPORT

EAP Representative	Contact's Employing Agency	Initial Contact Date
<p><b>CONTACT INFORMATION</b></p> <p><b>A. Contacting Person</b>  <input type="checkbox"/> Employee  <input type="checkbox"/> Supervisor/Manager  <input type="checkbox"/> Work/Subordinate            Issue  <input type="checkbox"/> Personal Issue  <input type="checkbox"/> Family/Friend  <input type="checkbox"/> Union Steward  <input type="checkbox"/> HR/Employment Relations  <input type="checkbox"/> Other            _____</p> <p><b>B. Means of Contact</b>  <input type="checkbox"/> Face-to-Face  <input type="checkbox"/> Phone  <input type="checkbox"/> Email</p> <p><b>C. Nature of Contact</b>  <input type="checkbox"/> Referral of Other  <input type="checkbox"/> Consultation  <input type="checkbox"/> Support  <input type="checkbox"/> Information/Education</p> <p><b>D. Type of Contact</b>  <input type="checkbox"/> First EAP Contact  <input type="checkbox"/> Follow-Up (Same Problem)  <input type="checkbox"/> W/In Fiscal Year (Different Problem)  <input type="checkbox"/> Last Contact Over 1 Year ago</p> <p><b>E. Referred to EAP by</b>  <input type="checkbox"/> Self  <input type="checkbox"/> Co-worker  <input type="checkbox"/> Union Steward  <input type="checkbox"/> Supervisor-  <input type="checkbox"/> Family/Friend  <input type="checkbox"/> Other            _____</p>	<p><b>PROBLEM INFORMATION</b></p> <p><b>F. Problem Presented</b>            1. <input type="checkbox"/> Alcohol Use – Self            2. <input type="checkbox"/> Alcohol Use – Family/Friend            3. <input type="checkbox"/> Alcohol Use – Employee/Supv            4. <input type="checkbox"/> Child Care            5. <input type="checkbox"/> Conflicts in Workplace            6. <input type="checkbox"/> Drug Use – Self            7. <input type="checkbox"/> Drug Use – Family/Friend            8. <input type="checkbox"/> Drug Use – Employee/ Supv            9. <input type="checkbox"/> Elder Care            10. <input type="checkbox"/> Emotional – Self            11. <input type="checkbox"/> Emotional – Family/Friend            12. <input type="checkbox"/> Emotional – Employee/ Supv            13. <input type="checkbox"/> Family Relationship/ Parenting            14. <input type="checkbox"/> Financial            15. <input type="checkbox"/> Gambling            16. <input type="checkbox"/> Grief            17. <input type="checkbox"/> Job Performance – Self            18. <input type="checkbox"/> Job Performance – Subordinate            19. <input type="checkbox"/> Job Performance – Co-worker            20. <input type="checkbox"/> Legal            21. <input type="checkbox"/> Marital/Significant Other Relationships            22. <input type="checkbox"/> Medical Problems            23. <input type="checkbox"/> Child Care/Elder Care            24. <input type="checkbox"/> Physical/Sexual/Emotional Abuse            25. <input type="checkbox"/> Threatening Behavior – Self/Others            26. <input type="checkbox"/> Work-Related Stress            27. <input type="checkbox"/> Work Transition            28. <input type="checkbox"/> Other            _____</p> <p><b>G. Primary Problem(s)</b>            (Enter code # from F. above)            Primary _____            Secondary _____            Additional Information as Necessary _____</p>	<p><b>REFERRAL INFORMATION</b></p> <p><b>H. Health Insurance Information</b>  <input type="checkbox"/> HMO  <input type="checkbox"/> Standard Plan  <input type="checkbox"/> None  <input type="checkbox"/> Unknown  <input type="checkbox"/> Not Applicable</p> <p><b>I. Confidentiality Release on File</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable</p> <p><b>J. Employee's Job Performance Affected</b>            Employee's Sense  <input type="checkbox"/> Yes    <input type="checkbox"/> Unknown  <input type="checkbox"/> No    <input type="checkbox"/> Not Applicable            Supervisor's Sense  <input type="checkbox"/> Yes    <input type="checkbox"/> Unknown  <input type="checkbox"/> No    <input type="checkbox"/> Not Applicable</p> <p><b>K. Referral Disposition</b>  <input type="checkbox"/> Offered    <input type="checkbox"/> Accepted  <input type="checkbox"/> Rejected    Not Applicable</p> <p><b>L. Referred to</b>  <input type="checkbox"/> Health Care Plan  <input type="checkbox"/> Mental Health Professional  <input type="checkbox"/> AODA Treatment  <input type="checkbox"/> Self-help Group  <input type="checkbox"/> Physician  <input type="checkbox"/> Law Enforcement/Social Services  <input type="checkbox"/> EAP Coordinator  <input type="checkbox"/> HR/Employment Relations  <input type="checkbox"/> Affirmative Action  <input type="checkbox"/> Union  <input type="checkbox"/> Other Agency Resource  <input type="checkbox"/> Other _____</p> <p><b>M. Confidential Release</b>  <input type="checkbox"/> To Supervisor  <input type="checkbox"/> To Community Agency  <input type="checkbox"/> Not Applicable</p> <p><b>N. DEMOGRAPHICS</b>            Gender  <input type="checkbox"/> Female  <input type="checkbox"/> Male</p>

## EAP CONTACT REPORT FORM INSTRUCTIONS

1. Complete form and forward to your Lead Coordinator or agency EAP Director
2. **DO NOT** indicate on this form the name of the person contacting you.
3. Please check all that apply.
4. Contact forms should always be stored in a secured location, preferably a locked file or drawer.

**EAP Representative** Write in your name as the person the employee/family member has contacted for EAP Services.

**Contact's Employing Agency** Write in the name of the employee's agency (even if the person contacting EAP is a family member, friend or other person calling about an employee.)

**Initial Contact Date** Record the date of the initial EAP contact

### CONTACT INFORMATION

- A. **Contacting person:** Mark category which appropriately identifies person contacting EAP. If Other, state who it is.
- B. **Means of Contact:** Indicate if contact is made by phone, in person or by e-mail. This may be different from initial contact or for subsequent contacts.
- C. **Nature of Contact:** Check all that apply.
- D. **Type of Contact:** Check all that apply.
- E. **Referred to EAP by:** Indicate who referred person to EAP.

### PROBLEM INFORMATION

- F. **Problem Presented:** Indicate problem(s) indicated by employee. Check all that apply.
- G. **Primary and Secondary Problems:** Indicate which problem is viewed as most critical by the person, especially if there is more than one. Indicate secondary problem.

### REFERRAL INFORMATION

- H. **Health Insurance Information:** Check appropriate category. This may not be applicable depending on the nature of the contact (item C).
- I. **Confidentiality Release on File:** Check appropriate category. This may not be applicable depending on the nature of the contact (item C).
- J. **Employee's Job Performance Affected:** Check appropriate category for employee's sense and supervisor's sense.
- K. **Referral Disposition:** Indicate whether or not a referral was offered and accepted.
- L. **Referred to:** Check all that apply.
- M. **Confidential Release:** Check all that apply.

### DEMOGRAPHICS

- N. **Gender:** Identify.