NEW AVENUES EMPLOYEE ASSISTANCE PROGRAMS

P.O. Box 360 South Bend, IN 46624
Phone: 866-925-5730 Fax: 574-271-5980

EAP Assessment

Fax after the assessment session to New Avenues

Member Information

Assessment Date: _____ **Employer:** _____

Member Name: _____ **Employee Name:** _____

Member Date of Birth: _____ **Member ID:** _____

Member's Presentation of Concerns

❑Abuse-Adult-Physical	❑Adjustment Issues	❑Domestic Violence	❑LGBT Issues	❑Personality Disorder
❑Abuse-Adult-Sexual	❑Alcohol	❑Divorce/Separation	❑Legal	❑Postpartum
❑Abuse-Child-Physical	❑Anger Management	❑Drugs	❑Mood Disorders	❑PTSD
❑Abuse-Child-Sexual	❑Anxiety	❑Eating Disorder(s)	❑Occupational	❑Psychological/Emotional
❑Addiction, Non-Chemical	❑Conflict with Co-Worker	❑Family	❑Panic, Phobias	❑Relationship issues
❑Addiction/Family Member	❑Conflict with Supervisor	❑Grief & Loss	❑Perpetrator, Physical	❑Trauma
❑Adoption	❑Depression	❑Infertility	❑Perpetrator, Sexual	❑Work/life Balance

Psychosocial Assessment-Concerns

❑Child Care	❑Family/Relationship	❑Housing	❑Occupational
❑Educational	❑Financial	❑Lack of Support	❑Transportation
❑Elder Care	❑Health-Medical	❑Legal	❑Spiritual/Cultural

Safety and Risk Assessment

❑Suicidality	❑ Current Plan	❑ Self-Destructive or Self Injury	❑ History of Attempts
❑Homicidal	❑ Impulse Control	❑ Psychosis or thought disorder	❑Weapons

Alcohol/Drug Assessment

Current Personal use: ❑User ❑Abuser ❑Dependent

Related consequences of Alcohol/Drug Use: ❑Job ❑Legal ❑Marital/Family ❑Health ❑Financial

Is substance use? ❒Primary focus of treatment ❒Contributing to current problems ❒Not relevant ❒Needs further Assessment

Alcohol/other Drug Screening Tool Completed ❑Yes, If Yes, name of tool_____ ❑No

Member's Assessed Concerns

❑Abuse-Adult-Physical	❑Adjustment Issues	❑Domestic Violence	❑LGBT Issues	❑Personality Disorder
❑Abuse-Adult-Sexual	❑Alcohol	❑Divorce/Separation	❑Legal	❑Postpartum
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Threat of Violence Assessment

Threat of violence level: ❑None ❑Possible threat mentioned, no current danger. ❑Threat made, violence possible.
❑Active threat of violence exists ❑Member is dangerous to self/others

Provider's Assessed Concerns:

Primary_____ Secondary_____

Has member been assessed for medication prior to your assessment? ❑Yes ❑No

Treatment and/or Referral Recommendations

❑EAP short term problem resolution	❑Referral to higher level of care, Inpatient, PHP, IOP
❑Longer term outpatient psychotherapy, transition to Insurance benefit	❑ Psychological Testing
❑Psychiatric referral, medication evaluation	❑ Work-Life Resource Center, Legal, Financial

❑Other

Provider Signature_____ Date_____