

Frank Horton Associates, LLC
Employee Assistance Program

CLOSING DATA SHEET

Management Referral _____

Client Name _____	Company _____
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Case Closure Problem Status

- 1 ___ Resolved
- 2 ___ Same
- 3 ___ Some Improvement
- 4 ___ Significant Improvement
- 5 ___ Worse
- 6 ___ Unable to Determine
(client discontinued contact)

Case Closure Job Status

- 1 ___ Not Applicable (child or spouse)
- 2 ___ Same/Active
- 3 ___ Went Part-Time
- 4 ___ Layoff
- 5 ___ Leave Of Absence
- 6 ___ Transferred
- 7 ___ Retired
- 8 ___ Quit
- 9 ___ Fired
- 10 ___ Deceased
- 11 ___ Other

Case Closure Job Performance Status

- 1 ___ Not Applicable (child or spouse)
- 2 ___ Same
- 3 ___ Satisfactory
- 4 ___ Some Improvement
- 5 ___ Significant Improvement
- 6 ___ Worse
- 7 ___ Other closure status

To Whom was Referral Made?

- 1 ___ Not Applicable
- 2 ___ Medical Doctor
- 3 ___ Mental Health Outpatient
- 4 ___ Mental Health Inpatient
- 5 ___ Chemical Dependence Outpatient
- 6 ___ Chemical Dependence Inpatient
- 7 ___ Legal
- 8 ___ Financial
- 9 ___ Union
- 10 ___ Personnel/Human Resources
- 11 ___ Occupational Health
- 12 ___ Childcare
- 13 ___ Eldercare
- 14 ___ Self Help
- 15 ___ Other Referral Out

Was there follow up contact with client?

Yes ___ No ___

Was client satisfied?

Yes ___ No ___ Unknown ___

Client Email Address:

Client Satisfaction Survey sent?

Yes ___ No ___

Counselor Signature: _____ Date: _____