

EAN
Employee Assistance Network, Inc.

Clinical Evaluation Form

Please complete this form only if treatment will go beyond 12 sessions for completion.

Client Name: _____

Insured's Name/SS# (if other than client): _____

Address: _____

Phone: _____ DOB: _____ SS#: _____

Employer of Health Plan: _____

Diagnosis

Axis I: _____

Axis III: _____

Axis II: _____

Axis IV: _____

GAF: _____
Initial

Current

Presenting symptoms / issues and progress to date:

Current symptoms being addressed:

Past treatment history (including hospitalizations, IOP, PHP)

Substance Abuse current and history:

Suicidal / homicidal status current and past:

Current goals for treatment:

Other recommendations made to client:

Date of first session: _____

Number of sessions used during the current plan year: _____

Expected frequency of sessions (bi weekly, monthly, etc): _____

Expected conclusion of case: **(please check only one)**

___ less than 3 months

___ less than 1 year

___ less than 6 months

___ ongoing/maintenance therapy

Maximum number of sessions anticipated to reach conclusion of treatment: _____

Please check service type being provided:

_____ Individual Psychotherapy - 90806/07

_____ 30 Minute Individual Psychotherapy - 90804/05

_____ Intensive Outpatient - 90853

_____ Medication Check – 90862

_____ Family Psychotherapy 90846/7

_____ Group Psychotherapy – 90853

For Clarification, medical necessity for treatment is defined by the following:

- Is adequate and essential therapeutic response provided for evaluation or treatment consistent with the symptoms, proper diagnosis and treatment appropriate for the specific Participant's illness, disease or condition as defined by standard diagnostic nomenclatures (DSM-IV or its equivalent in ICD-9CM); and
- Is reasonably expected to improve the Participant's illness, condition or level of functioning; and
- Is safe and effective according to nationally accepted standard clinical evidence generally recognized by mental health or substance abuse care professionals or publications; and
- Is the appropriate and cost-effective level of care that can safely be provided for the specific Participant's diagnosed condition in accordance with the professional and technical standards adopted by EAN.

Please review the information provided by you to ensure that medical necessity has been established. If you have further information that you want to share with an EAN clinician please call us at 828-252-5725. Please fax form to EAN at 828-258-1336

Provider Information

Print Name: _____ Date: _____

Signature: _____

Phone: _____ Fax: _____

To access the level of care criteria, please refer to the provider section of the EAN website at www.eannc.com