Client Status Report
CONFIDENTIAL

DATE: ______________________

TO: ______________________

__________________________________________________

ATTENTION: ______________________

FROM: WellSpan EAP

REGARDING: ______________________

The referenced client was formally referred to WellSpan EAP by you for an assessment. The following is the status of the client:

1. ___ Client maintained his/her appointment and was
   ___ Scheduled for a follow-up appointment __________at_____________ a.m./p.m.
   ___ Referred for a medical evaluation
   ___ Admitted to our treatment program
   ___ Referred to a treatment program outside of WellSpan EAP

2. ___ Client failed to show up for the appointment scheduled on _____________________

3. ___ Client failed to keep his/her follow-up appointment on _____________________
   ___ No appointment has been rescheduled to date
   ___ Client refused to schedule another appointment

4. ___ Client is following the recommended treatment plan

5. ___ Client has completed the recommended treatment

6. ___ Other information:_________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

COMMENTS: _______________________________________________________________________

_________________________________________________________________________________

Therapist ___________________________ EAP Department ___________________________