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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 on _____ 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
5. ___ Client has completed the recommended treatment
6. ___ Other information: _____

COMMENTS: _____

Therapist

EAP Department