EFA EMPLOYEE & FAMILY RESOURCES

EAP Assessment

(or provide your own form)

Client Name & ID:_____ Others present:_____

Provider Agency:_____ Counselor:_____

TRAUMA & RISK ASSESSMENT (indicate any safety plan in summary note below)

Suicidal ideation	☐Denies ☐Occasional ☐Frequent ☐Chronic ☐Past Attempts
Current level of SI intent	☐None ☐Low ☐Moderate ☐High ☐Plans/means exist
Ideation of harm to others	☐Denies ☐Occasional ☐Frequent ☐Chronic ☐Past Attempts
Current intent to harm others	☐None ☐Low ☐Moderate ☐High ☐Plan/means exist
Substance abuse	☐None ☐Yes (if yes, attach pages with details)
Victim of and/or witness to	☐Physical abuse ☐Emotional abuse ☐Sexual abuse or assault ☐Emotional or physical neglect ☐Violence or other trauma while in military ☐Other

MENTAL STATUS – please indicate any areas that fall outside of normal range

Memory/attention	☐Poor s/t memory ☐Poor l/t memory ☐Distracted ☐Confused ☐Vigilant ☐Other
Sleep	☐Increased ☐Decreased ☐ Interrupted ☐Nightmares/terrors ☐Other
Appetite	☐Increased ☐ Decreased ☐Other
Energy Levels	☐Lethargy ☐Accelerated ☐Other
Mood/Feelings:	☐ Crying Spells ☐Sadness ☐ Anxiousness ☐ Anger/Irritability ☐Fearful ☐ Hopelessness ☐Worthlessness ☐Optimistic ☐Pessimistic ☐Elated ☐Other
Insight/Judgment	☐Fair ☐Poor ☐Dangerous ☐Other

OTHER AREAS THAT SHOULD BE ASSESSED IN RELATION TO THE PRESENTING ISSUES:

Health conditions impacting life functioning (past & current)_____
Medication (past & current, compliance & efficacy)_____
Substance Use (Type and frequency)_____
Work issues or school/academic: (performance, stress, conflicts, absenteeism/tardiness)_____
Financial/Legal _____
Cultural/Language/Spiritual/Religious_____
Relationships (family, friends, peers, co-workers)_____
Compulsive behaviors (gambling, eating, shopping, etc.)_____

Summary note:

Counselor Signature_____**Date**_____