



**EAP Progress Notes**

CLIENT NAME: \_\_\_\_\_

CASE #: \_\_\_\_\_

SESSION DATE: \_\_\_\_\_

ATTENDEES: \_\_\_\_\_

SESSION TIME: \_\_\_\_\_

**Check box if present:**

- Significant change in medical condition and/or medications
- Significant change in mental status

- High Risk/ TOV issues presented
- New stressors and/or extraordinary events

Describe: \_\_\_\_\_

**TARGET PROBLEM(S) PROGRESS OR CHANGES\*:**

\_\_\_\_\_

**REVISED OR NEW GOAL(S)\*:**

\_\_\_\_\_

**SPECIFIC STRATEGIES, INTERVENTIONS, AND UPDATE\*:**

\_\_\_\_\_

\_\_\_\_\_

Clinician Signature

Credentials

Date

SESSION DATE: \_\_\_\_\_

ATTENDEES: \_\_\_\_\_

**Check box if present:**

- Significant change in medical condition and/or medications
- Significant change in mental status

- High Risk/ TOV issues presented
- New stressors and/or extraordinary events

Describe: \_\_\_\_\_

**TARGET PROBLEM(S) PROGRESS OR CHANGES\*:**

\_\_\_\_\_

**REVISED OR NEW GOAL(S)\*:**

\_\_\_\_\_

**SPECIFIC STRATEGIES, INTERVENTIONS, AND UPDATE\*:**

\_\_\_\_\_

\_\_\_\_\_

Clinician Signature

Credentials

Date

SESSION DATE: \_\_\_\_\_

ATTENDEES: \_\_\_\_\_

**Check box if present:**

- Significant change in medical condition and/or medications
- Significant change in mental status

- High Risk/ TOV issues presented
- New stressors and/or extraordinary events

Describe: \_\_\_\_\_

**TARGET PROBLEM(S) PROGRESS OR CHANGES\*:**

\_\_\_\_\_

**REVISED OR NEW GOAL(S)\*:**

\_\_\_\_\_

**SPECIFIC STRATEGIES, INTERVENTIONS, AND UPDATE\*:**

\_\_\_\_\_

\_\_\_\_\_

Clinician Signature

Credentials

Date