DIRECTIONS
Employee
Assistance
Program, LLC

DIRECTIONS EAP CLOSING FORM

Client Name_____

Employer_____

Case Closing Date_____

Closing Problem Status:

- ☐ Not applicable
- ☐ Resolved
- ☐ Same
- ☐ Some Improvement
- ☐ Significant improvement
- ☐ Worse
- ☐ Other closure status
- ☐ Unknown

Counselor Recommendations:

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PLEASE INCLUDE THIS CLOSING FORM WITH THE FINAL BILL TO ENSURE PROMPT PAYMENT FOR SERVICES