

EAP Client Contact and Disposition Report

Please complete this report when you have seen a CMGA client for EAP evaluation.
A report should be sent following each client contact. **FAX it to us at 617-969-7646.**

Client name: _____

Client telephone: _____

Client Company: _____

Presenting problem: _____

Date of contact: _____

Please state briefly your findings and disposition: _____

Did you refer the client for further treatment? Yes No

If yes, name, address, and
telephone of referral person/agency: _____

Your name, address (include name of agency),
and telephone: _____

Thank you very much for seeing this client.