

**Customer Information**

Customer name:	Service authorization number:
Provider:	Date of report:

Dates of completed counseling sessions: \_\_\_\_\_

Dates of missed sessions: \_\_\_\_\_

No call or show

Customer cancelled \_\_\_\_\_ hours before session time

Reason for cancellation:

**Current Stressors**

(Enter X in appropriate boxes):

- |   |   |
|---|---|
| <input type="checkbox"/> Health problem or pain | <input type="checkbox"/> Vocational issues at current job                       |
| <input type="checkbox"/> Family issues          | <input type="checkbox"/> Issues related to seeking employment or volunteer work |
| <input type="checkbox"/> Financial issues       | <input type="checkbox"/> Issues related to training or school                   |
| <input type="checkbox"/> Relationship issues    | <input type="checkbox"/> Issues related to poor support system                  |
| <input type="checkbox"/> Housing issues         | <input type="checkbox"/> Sobriety issues  |
| <input type="checkbox"/> Other: Specify         |   |

Comments:

**Focus of Sessions/Goals for Counseling**

(Enter X in appropriate boxes):

- Decreasing symptoms of depression
- Decreasing symptoms of anxiety
- Monitoring for psychotic symptoms or symptoms of mania
- Providing support with current stressors
- Assisting with vocational issues with current job
- Providing support with seeking employment or volunteer work
- Providing support with training or school
- Providing support with sobriety issues
- Assisting with improving self-esteem, coping skills, and support system
- Adjustment to disability issues and grief and loss issues
- Stress management
- Pain management
- Anger management
- Possible benefits of psychotropic medication
- Communication with physicians regarding medication

- Possible benefits of Personal Social Adjustment (PSA) group
- Referral to physician or health care provider for treatment
- Referral to community services or support group
- Other:

Comments:

### Prognosis Toward Employment Readiness

(Enter X in appropriate boxes):

Very poor      Poor      Fair      Good      Excellent      Deferred pending additional sessions

Comments:

### Impediments Affecting Progress Toward Employment Readiness

(Enter X in appropriate boxes):

- Undiagnosed or untreated disability
- Personality disorder
- Needs physician consultation or treatment, including medication needs
- Lack of stability with housing, family
- Lack of stability with sobriety
- Poor support system
- Still very early in the process of adjustment to disability
- Needs more education or treatment—stress management, pain management, gaining insight
- Ot

Comments:

### Other Recommendations for Counselor Consideration

(Enter X in appropriate boxes):

- Assistance with earning GED
- Personal Social Adjustment (PSA) group
- Comprehensive pain management program
- Psychiatric consultation
- Consultation with physician
- Psychological evaluation—document possible LD for obtaining accommodations
- Neurological evaluation. Reason:
- Other:

Comments:

Other comments:

Provider's signature:

**X**

Date: