

Employee Resource Systems, Inc.

Clinical Summary Form

Privacy Notice offered _____ Statement of Understanding offered _____

Client Name _____ ERS File # _____ Session Date _____

Session # _____ Clinical Impressions _____

Rationale/Recommendation for next session

Additional EAP sessions

Recommendation at case closing

Clinician's Signature _____ Date _____

Session Date _____ Session # _____

Clinical Impressions _____

Rationale/Recommendation for next session

Additional EAP sessions

Recommendation at case closing

Clinician's Signature _____ Date _____

