Magellan HEALTHCARE®

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**

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 Rev. 11/19

**Use blank pages if more notes are needed.*