

Complete & update this form & email back with your invoice by the last day of every month to lparis@brown-crawshaw.com

PROBLEM CATEGORIES

Please select one or write in.

Employee name (Last Name, First Name)

Company	Affiliation	Location
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Reinvolvement Yes, used the program in the past years Primary Problem Category Number: or Select one

Date	Duration of appt. (in hours)	Type: (Scroll down)	Name(s) of <u>every</u> individual seen at each appointment & relationship to employee
Appt 1			
Appt 2			

SERVICE SATISFACTION SURVEY completed by the second appointment Yes

Appt 3			
Appt 4			

If more than 4 counselling hours are required, you must first phone for authorization - 1.800.668.2055 / 604.683.3255

Appt 5			
Appt 6			

Case Disposition: Counselling in Progress Counselling Completed, no referral Counselling completed with referral. Client withdrew.

If counselling completed with referral, referred to: Private Practitioner Registered Psychologist Community Resource Alcohol/Drug Treatment Centre
 Legal/Financial If referred to self or within counselling group: Yes, Self Referral Waiver has been signed

<p>Special circumstances</p> <p><input type="checkbox"/> Sexual Abuse of a Child <input type="checkbox"/> Sexual Abuse of an Adult</p> <p><input type="checkbox"/> Family Violence of a Child <input type="checkbox"/> Physical Abuse of an Adult</p> <p><input type="checkbox"/> Suicidal Ideation by a Child <input type="checkbox"/> Suicidal Ideation by an Adult</p>	<p>Where required you have</p> <p><input type="checkbox"/> Met the legal requirement to report.</p> <p><input type="checkbox"/> Informed their next of kin / close friend.</p> <p><input type="checkbox"/> Informed their medical practitioner.</p>
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- Work Related Issues**
- 11 Job related stress (not workload)
 - 12 Workload
 - 13 Career dissatisfaction
 - 14 Conflict with peers
 - 15 Conflict with subordinate
 - 16 Conflict with supervisor
 - 17 Transitional stress
 - 10 Other

- Crisis Issues**
- 21 Sexual assault or rape
 - 22 Violent episode
 - 23 Psychiatric emergency
 - 24 Suicidal
 - 25 Critical incident - personal
 - 26 Life transition
 - 20 Other

- Psychological / Emotional**
- 31 Chronic pain
 - 32 Depression
 - 33 Stress (not work related)
 - 34 Anxiety / panic
 - 35 Bereavement / grief
 - 36 Anger management
 - 30 Other

- Relationship**
- 41 Marital / common-law problems
 - 42 Separation / divorce
 - 43 Difficulties with children (parenting)
 - 44 Custody
 - 45 Difficulties with other family members
 - 46 Aging parents (eldercare)
 - 47 Balancing family and work
 - 40 Other

- Abuse / Dependency Issues**
- 51 Alcohol and / or other drugs
 - 52 Eating disorder
 - 53 Sexual abuse
 - 54 Physical abuse
 - 55 Emotional / verbal abuse
 - 56 Gambling
 - 57 Stop Smoking
 - 50 Other

- 60 Financial
- 70 Legal

Counsellor's Signature