

# FORM B1

## Consultation and New Presenting Concern Form

A completed Form B1 must accompany every initial invoice sent to Assure Programs following the initial EAP consultation.  
Email to [invoices@assureprograms.com.au](mailto:invoices@assureprograms.com.au), fax 1800 329 327, or post to Lvl 21, 324 Queen St, Brisbane Q 4001.

Service Provider's Name: \_\_\_\_\_

Service Provider's State: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Organisation: \_\_\_\_\_

### Section 1 – Complete this section for a new Presenting Issue (initial consultation only)

**Consultation Duration** - please note all appointments deduct one full session from the client's entitlement regardless of the appointment duration.

Client Entitlement	Consultation	Type of Service (select only one)			Duration (note: each session = a full session from client's entitlement, irrespective of session actual duration)			Phone Consultation YES = Check Box
		Treatment	Did Not Attend	Late Cancel (less than 24hrs)	30	45	60	
Session No.	Date of Session							
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Service Information and Client's Direct Access** - please tick to confirm the following statements:

- I have provided the client with the Assure Programs' information that contains the details of the EAP services, confidentiality and EAP Client Records Management Policy.
- I have confirmed the client has contacted or will contact Assure Programs directly on 1800 808 374 to ensure their non-identifying statistical information is captured.

### PLEASE COMPLETE ALL PRESENTING CONCERNS SECTIONS

**Brief Summary of Client's Presenting Concern** - this information is used by Assure Programs to collate the strictly non-identifying reporting data that may contribute towards improving the work environment and operation of the EAP. eg. Client reported conflict at work. Client reported an investigation has begun regarding their conduct/involvement in the conflict. Client distressed by this.

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### Severity / Impact of Presenting Concern

#### 1. Psychologists' assessment

Work Functioning	<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Serious	<input type="checkbox"/>	Severe
Personal Functioning	<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Serious	<input type="checkbox"/>	Severe

#### 2. DASS Assessment

Depression	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Extremely Severe
Anxiety	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Extremely Severe
Stress	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Extremely Severe

**Important Reminder: Please complete page 2 of 2**

# FORM B1

## Section 1 continued – Complete this section for New Client / Entitlement (initial consultation only)

### **Access Reasons for Personal Concerns** - place a '1' for the primary presenting concern, followed by (if applicable) '2' and '3'

- |  |   |
|--|---|
| <input type="checkbox"/> Relationship - Couple                         | <input type="checkbox"/> Loss & Grief - Death               |
| <input type="checkbox"/> Relationship - Elders                         | <input type="checkbox"/> Loss & Grief - Business / Property |
| <input type="checkbox"/> Relationship - Other Interpersonal            | <input type="checkbox"/> Loss & Grief - Relationship        |
| <input type="checkbox"/> Relationship - Abuse                          | <input type="checkbox"/> Loss & Grief - Other               |
| <input type="checkbox"/> Relationship - Family                         | <input type="checkbox"/> Loss & Grief - Anticipatory Loss   |
| <input type="checkbox"/> Relationship - Parenting                      | <input type="checkbox"/> Loss & Grief - Chronic Grief       |
| <input type="checkbox"/> Relationship - Domestic Violence              |   |
|  | <input type="checkbox"/> Stress - Financial                 |
| <input type="checkbox"/> Mental Health - Pre-existing Anxiety          | <input type="checkbox"/> Stress - Legal                     |
| <input type="checkbox"/> Mental Health - Pre-existing Depression       | <input type="checkbox"/> Stress - Personal Demands          |
| <input type="checkbox"/> Mental Health - Pre-existing Other            | <input type="checkbox"/> Stress - Anger Management          |
| <input type="checkbox"/> Mental Health - Symptoms of Anxiety           | <input type="checkbox"/> Stress - Personal Demands          |
| <input type="checkbox"/> Mental Health - Symptoms of Depression        |   |
|  | <input type="checkbox"/> Addiction - Substance              |
| <input type="checkbox"/> Personal Health - Physical Injury             | <input type="checkbox"/> Addiction - Gambling               |
| <input type="checkbox"/> Personal Health - Physical Illness Self       | <input type="checkbox"/> Addiction - Internet               |
| <input type="checkbox"/> Personal Health - Physical Illness Other      | <input type="checkbox"/> Addiction - Other                  |
| <input type="checkbox"/> Personal Health - Diet and Physical Wellbeing |   |

### **Access Reasons for Workplace Concerns** - place a '1' for the primary presenting concern, followed by (if applicable) '2' and '3'

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|--|--|
| <input type="checkbox"/> Performance - Reduced Productivity                          | <input type="checkbox"/> Work Health - Physical Injury / Illness Adjustment                        |
| <input type="checkbox"/> Performance - Excessive Absenteeism                         | <input type="checkbox"/> Work Health - Psychological Injury / Illness Adjustment                   |
| <input type="checkbox"/> Performance - Review Process, Recipients Perspective        | <input type="checkbox"/> Work Health - Critical / Stressful Incident                               |
| <input type="checkbox"/> Performance - Difficulty Coping with Promotion              | <input type="checkbox"/> Work Health - Loss & Grief - Illness / Death of Colleague or Other        |
|  | <input type="checkbox"/> Work Health - Acute Stress  |
| <input type="checkbox"/> Work Demands - Excessive Workload Pressures                 | <input type="checkbox"/> Work Health - Problems with Physical Environment                          |
| <input type="checkbox"/> Work Demands - Excessive Work Complexity                    | <input type="checkbox"/> Work Health - Occ Health and Safety Issues                                |
| <input type="checkbox"/> Work Demands - Establishing Priorities                      | <input type="checkbox"/> Work Health - Work Life Balance   |
| <input type="checkbox"/> Work Demands - Dealing with Aggressive / Distressed Clients |  |
| <input type="checkbox"/> Work Demands - Shift Roster                                 | <input type="checkbox"/> Vocational Discontent - Selection Issues/Failure to Gain a Promotion      |
| <input type="checkbox"/> Work Demands - Change                                       | <input type="checkbox"/> Vocational Discontent - Lack of Person - Job Fit                          |
| <input type="checkbox"/> Work Demands - Changing Work Practices                      | <input type="checkbox"/> Vocational Discontent - Unclear Vocational Direction                      |
| <input type="checkbox"/> Work Demands - Organisational Restructure                   | <input type="checkbox"/> Vocational Discontent - Under / Over Challenged                           |
|  |  |
| <input type="checkbox"/> Org. Climate - Job Insecurity                               | <input type="checkbox"/> Workplace Justice - Target of Alleged W/place Harassment (Bullying )      |
| <input type="checkbox"/> Org. Climate - Redundancy                                   | <input type="checkbox"/> Workplace Justice - Perpetrator of Alleged W/place Harassment (Bullying ) |
| <input type="checkbox"/> Org. Climate - Low Workplace Morale                         | <input type="checkbox"/> Workplace Justice - Target of Alleged Harassment (Sexual / Other)         |
| <input type="checkbox"/> Org. Climate - Perceived Lack of Organisational Support     | <input type="checkbox"/> Workplace Justice - Perpetrator of Alleged Harassment (Sexual / Other)    |
| <input type="checkbox"/> Org. Climate - Perceived Lack of Training                   | <input type="checkbox"/> Workplace Justice - Witness of Harassment                                 |
| <input type="checkbox"/> Org. Climate - Role Uncertainty / Unclear Expectations      | <input type="checkbox"/> Workplace Justice - Subject to a Workplace / Independent Investigation    |
| <input type="checkbox"/> Org. Climate - Dealing with Technology                      |  |
| <input type="checkbox"/> Org. Climate - Limited Career Prospects                     | <input type="checkbox"/> Conflict - With Supervisor (s)  |
| <input type="checkbox"/> Org. Climate - Appraisal Process                            | <input type="checkbox"/> Conflict - With Co-worker (s)   |
| <input type="checkbox"/> Org. Climate - Lack of Recognition                          | <input type="checkbox"/> Conflict - With Subordinate (s)   |