

FORM B2

Ongoing Consultation and Presenting Concern Closure Form

A completed Form B2 must accompany every invoice sent to Assure Programs for each subsequent and final EAP consultation.

For an initial consultation on a new presenting issue, please complete and return Form B1.

Email to invoices@assureprograms.com.au, fax 1800 329 327, or post to Lvl 21, 324 Queen St, Brisbane Q 4000.

Service Provider's Name: _____

Service Provider's State: _____

Client's Name: _____

Client's Organisation: _____

Section 1 – Complete this section for Existing Clients same Presenting Concern (ongoing and final consultation)

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

Please note any sessions delivered outside of the entitlement without extension request approval will not be paid for by Assure.

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	Final Consultation
		Treatment	Did Not Attend	Late Cancel (less than 24hrs)	30	45	60		
Session No.	Date of Session								
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Forward full form to Assure Programs following each consultation. For final session complete the additional Section 3 below.

Section 3 – Complete this section for Existing Clients same Presenting Concern (final consultation only)

I have provided the client with the Assure Programs Feedback Form and reply paid envelope.

Severity / Impact of Presenting Concern

1. Psychologists' assessment

Work Functioning None Mild Moderate Serious Severe

Personal Functioning None Mild Moderate Serious Severe

2. DASS Assessment

Depression Normal Mild Moderate Severe Extremely Severe

Anxiety Normal Mild Moderate Severe Extremely Severe

Stress Normal Mild Moderate Severe Extremely Severe

Final Session Evaluation - please select one of the following:

Case closed – no additional sessions required at this time and all details within section 1, 2 and 3 of the Form B2 completed; or

Concluded prematurely – client has not returned to complete session; or

Extension required – I have completed an Extension Request Form C; or

Case referred (below):

Psychologist (private) Psychiatrist GP Internal Rehab / Support Services Community Programs / Support