

AssurePlus 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.
 Forms must be received by Dean Garrett within 5 working days of the consultation.
 Email to deangarrett@assureprograms.com.au

Section 1 – Client Information (ongoing and final consultation)

Service Provider's Name: _____
 Service Provider's State: _____
 Client Code: _____
 Client's Organisation: _____

Section 2 – Consultation Information (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 fully completed form to Assure Programs following each consultation. For final session complete the additional Section 3 below.

Section 3 – Existing Clients same Presenting Concern (final consultation only)

Severity / Impact of Presenting Concern

Psychologists' assessment as per 'Impact Rating Categories' reference document located in Associate Resource Centre - <http://www.assureprograms.com.au/login/>

Work Functioning None Mild Moderate Serious Severe
 Personal Functioning None Mild Moderate Serious 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 emailed a Form C (Extension Request); or

Case referred (below):

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