

UPMC



**INTAKE SHEET/ SOLUTION PLANNING AGREEMENT**

**INTAKE**

**I. Job Title**

**II. Type of Contact: (place "x" by one)**

- Self
- Supervisory
- Mandatory
- Fitness for Duty

**III. Reason for Contacting EAP**

**IV. Strengths and Resources**

**V. Risk Assessment (when applicable) please mark U, M or H for "Unremarkable", "Moderate" or "High Risk"**

- A. Alcohol/Other Drug/Prescription Use**
- B. Lethality (Suicide/Homicide)**
- C. Domestic Violence, past & present**

**Explanation:** (Please add for any risk indicated above)

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**VI. Presentation (Place an X next to remarkable areas; insert comments only as applicable)**

Unremarkable  
Appearance  
Behavior  
Mood/Affect  
Orientation  
Insight  
Intellectual Functioning  
Memory  
Thought Content/Processes  
Speech  
Judgment

**Remarks/Explanation**

**VII. Assessed Problem/Impression of Problem: (should be the same as entered into Daybreak)**

**VIII. Current GAF**

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**Solution Planning**

**I. Specific Goals**

**II. Plan**

**III. Red Flag? (type yes or no)**

**IV. If yes, staffed with Clinical Supervisor? (type yes, no, or n/a)**

**V. Next Appointment**

**VI. Number of Sessions in EAP**

**VII. Client Comment Upon Plan**

**Counselor Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VIII. Case Review Notes**