

NAME OF COMPANY: \_\_\_\_\_

CLIENT #: \_\_\_\_\_

CHART DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

ENTERED: \_\_\_\_\_

### ATRIUM HEALTH SERVICE CONTACT RECORD

**NAME:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

OTHER ATTENDEE NAME \_\_\_\_\_

**SERVICE TIME:** (Indicate time in 15 MINUTE intervals)  
\_\_\_\_\_ Hour(s) \_\_\_\_\_ Minutes

**NUMBER PRESENT:** \_\_\_\_\_  
 Re-open Case

**ATTENDEE TYPE:**

- |                            |                                       |
|----------------------------|---------------------------------------|
| 1. _____ EMPLOYEE          | 6. _____ EMPLOYEE'S SIGNIFICANT OTHER |
| 2. _____ SPOUSE            | 7. _____ EMPLOYEE & SIGNIFICANT OTHER |
| 3. _____ SPOUSE W/EMPLOYEE |                                       |
| 4. _____ DEPENDENT         |                                       |
| 5. _____ FAMILY            |                                       |

**CONTACT LOCATION:**

1. \_\_\_\_\_ EAP OFFICE
2. \_\_\_\_\_ AFFILIATE OFFICE
3. \_\_\_\_\_ OTHER LOCATION

**NATURE OF CONTACT:**

1. \_\_\_\_\_ IN-PERSON
2. \_\_\_\_\_ TELEPHONE
3. \_\_\_\_\_ OTHER

**\*\*TYPE OF SERVICE:**

- |                                |  |
|--------------------------------|--|
| 1. _____ REFERRAL              | 6. _____ CRISIS/EMERGENCY INTERVENTION |
| 2. _____ FOLLOW-UP             | 7. _____ EMPLOYEE HEALTH CONSULT       |
| 3. _____ INDIVIDUAL COUNSELING | 8. _____ CLINICAL CONSULTATION         |
| 4. _____ COUPLES COUNSELING    | 9. _____ CX/NS/RS                      |
| 5. _____ FAMILY COUNSELING     |  |

**\*\*SERVICES DIRECTLY ASSOCIATED WITH THIS CLIENT**

**VISIT #:** \_\_\_\_\_  
**NOTES**

**FOLLOW-UP STATUS:** \_\_\_\_\_