The Counseling Team International
41750 Rancho Las Palmas Dr. Ste #O-2
Rancho Mirage, CA 92270
Ph: (800)651-1021 Fax: (949)855-7575
Email: deaeapbilling@thecounselingteam.com

AUTHORIZATION TO EXTEND EAP SERVICES

(Beyond 6 sessions)

Case Number: _____ Date: _____

Admission Status *(check one)*: Employee ☐ Relative ☐ TFO ☐

Presenting Problem: _____
_____
_____
_____

Prior Mental Health History: _____
_____
_____
_____

Treatment Plan description (include progress to date and difficulties encountered):_____
_____
_____
_____
_____

Long term treatment assessment and prognosis: _____
_____
_____
_____

Rationale for Extension Request: _____
_____
_____
_____
_____

_____ **Requested number of extended sessions**

Clinician: _____ _____
(Type or print name) (Clinician Signature)

☐ *Approved* ☐ *Denied* *Number of Sessions Approved:* _____

EAP Administrator: _____ *Date:* _____