

Client Information-Page 1

Date _____

Information on Employee providing the EAP / Insurance Benefit

Employee Name _____ Date of Birth _____
 Social Security Number _____ Relationship to Client _____
 Company Name and Location _____
 Occupation _____ Years of Service _____

Information on the Client

Name _____ Date of Birth _____
 Address _____ City, State, Zip _____
 Home Phone _____ OK to Call? Y/N Other # _____ OK to Call? Y/N
 Social Security Number _____ Male or Female _____ Age _____
 Primary Care Physician (Name, Address, Phone) _____

Insurance Company (Name, Policy Holder, Policy Number) _____

Please describe the concern/problem for which you are seeking assistance

List Household Members

Name	Relationship	Age	Occupation	List any Problems

Please circle a response for each of the following categories:

- | Referred by | Marital Status | Education | Length of Employment | Job Category |
|---------------------------|-----------------------|------------------|-----------------------------|---------------------|
| 1. Self | 1. Married | 1. Preschool | 1. less than 1 yr | 1. Supv./Mgmt |
| 2. Supervisor (Suggested) | 2. Single | 2. Grade School | 2. 1-5 years | 2. Technical |
| 3. Supervisor(Mandatory) | 3. Separated | 3. Middle School | 3. 6-10 years | 3. Professional |
| 4. Personnel | 4. Divorced | 4. High School | 4. 10+ yrs | 4. Clerical |
| 5. Physician | 5. Widowed | 5. Technical | 5. NA Family | 5. Non-technical |
| 6. Co-worker | | 6. College | | 6. NA Family |
| 7. Family | | 7. Post-Graduate | | |
| 8. Other | | | | |

Please feel free to use the back for additional information. Thank You!

Client Name _____ Date _____

Please indicate your Medication and Substance Use

Substance	None	Last Use	Amt /Dosage (24hr)	Pattern of use	Prescribed	Comments
Alcohol						
Nicotine						
Caffeine						
Marijuana						
Cocaine						
Inhalants						
Barbiturates						
Other						
Prescription						
OTC						

If you have any past or present problems with medications, drugs or alcohol please explain:

Please describe any major health problems or allergies:

Please describe any past or current problems with abuse or mistreatment:

Please describe anything else you think would be helpful for me to know:
