



Employee Assistance Program

Data Entry Form

CLIENT INFORMATION (Client completes)

Name: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

How did you hear about us?  Insurance  Union  Family Member  EAP Promotional Materials  Co-Worker  Supervisor  Website  Human Resources  EAP Orientation/Training

May we contact you at:

Home?  Yes  No Phone Number \_\_\_\_\_

Work?  Yes  No Phone Number \_\_\_\_\_

Cell?  Yes  No Phone Number \_\_\_\_\_

When we call, may we have permission to:

Leave a message on VM?  Yes  No

Identify ourselves as EAP?  Yes  No

Confirm an appointment?  Yes  No

Can we send a letter to your home address?  Yes  No

May we contact you by email to follow up or answer questions?  Yes  No Email \_\_\_\_\_

Will you participate in a confidential follow-up survey?  Yes  No

EMPLOYEE INFORMATION (Client completes)

Employer/ site: \_\_\_\_\_

Years with Company:  Less than 1 year  1 – 5 years  More than 10 years

OFFICE USE ONLY (Counselor completes this section)

EAP Counselor's Name: \_\_\_\_\_

Type?  EAP  DOT Number of people seen in session?  1  2  3  4  5

Method?  In-person  Phone  Phone, transfer for A2 or ST :  Affiliate  EAP Counselor  Other

Consultation Dates: A1 \_\_\_\_\_ A2 \_\_\_\_\_ A3 \_\_\_\_\_

Is the Employer Contracted for Short-Term Sessions? (See contract information on the Intake Information Sheet)  Yes  No

Is client being referred to Short-Term Sessions?  Yes  No

Short-Term Dates: ST1 \_\_\_\_\_ ST2 \_\_\_\_\_ ST3 \_\_\_\_\_ ST4 \_\_\_\_\_ ST5 \_\_\_\_\_ ST6 \_\_\_\_\_ ST7 \_\_\_\_\_

PROBLEM TYPE (Check one only)

- |                                    |  |  |                                 |                                 |
|------------------------------------|--|--|---------------------------------|---------------------------------|
| <input type="radio"/> Alcohol/Drug | <input type="radio"/> Grief/Trauma         | <input type="radio"/> Other Addictions | Worklife Issues:                |                                 |
| <input type="radio"/> Anxiety      | <input type="radio"/> Marital/Relationship | <input type="radio"/> Stress           | <input type="radio"/> Adoption  | <input type="radio"/> Financial |
| <input type="radio"/> Child/Family | <input type="radio"/> Medical              |  | <input type="radio"/> Childcare | <input type="radio"/> Legal     |
| <input type="radio"/> Depression   | <input type="radio"/> Occupational         |  | <input type="radio"/> Eldercare | <input type="radio"/> Mediation |