



Ascension Employer Solutions EAP
Client Intake Form

Date: _____

Date of Birth: _____

PERSONAL INFORMATION QUESTIONNAIRE
ALWAYS COMPLETELY CONFIDENTIAL

Client Name: _____ Age: _____ Sex: M _____ F _____

Guardian Name (if applicable) _____

Address: _____ City: _____ ST: _____ Zip Code _____

Best Phone Number: _____ Home / Work / Cell (Circle one)

Email Address: _____ Is it OK to send client satisfaction survey to this address? Yes No

Company Name that Benefit is through (not insurance): _____

Are you an: (Circle one) Employee Dependent Spouse Retiree Other _____

Who told you about us? (Circle one) Supervisor HR Co-Worker Doctor Promotional Material Family Member Self

Did HR/Supervisor tell you that it was mandatory for you to come? Yes No

What brings you in today? _____

Is there anything specific you hope to gain from your counseling experience? _____

Counselor Use Only: Discharge Information

Counselor: _____ Closing Date: _____

Resolution: (Circle one) Issue Resolved Issue Not Resolved Referral Recommended

Recommendations: _____

Notes: _____

Table with 2 rows (Date, Contact) and 12 columns.

Please fax this form to 920-720-1091 after initial session and again at closing. Thank you!