



# Ascension WI EAP

## Client Intake Form

Date: \_\_\_\_\_

### PERSONAL INFORMATION QUESTIONNAIRE

**\*\*ALWAYS COMPLETELY CONFIDENTIAL\*\***

Date of birth: \_\_\_\_\_

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: \_\_\_\_\_