



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: _____

Date													
Contact													

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



Ascension WI EAP

STATEMENT of UNDERSTANDING

Ascension WI EAP provides evaluation of personal problems, short term counseling, management consultation, referral and follow-up services. It is important that before you proceed with this process you understand the following limits.

Confidentiality

All contact with Ascension WI EAP, is a private communication. Your appointment and the nature and content of your appointment cannot be revealed to anyone, e.g., family members or employer. Exceptions must be made in the following circumstances:

1. A client can give permission to disclose through a signed *release of information* form. This form is your permission to release information to whomever you have designated. The release must be to a specific person or clinic, e.g., your supervisor or another therapist.
2. According to state law, all counselors are required to report suspected child abuse, child neglect or abuse of an adult who is not competent to conduct their own affairs. These reports are made to the appropriate county or state agency.
3. According to state law, if a client threatens suicide, a counselor must seek help for that person by reporting to family, police or other community resources. If a person threatens to physically harm another person, the counselor must report this to local authorities and to the intended victim.
4. The privilege of confidentiality for minors (under 18) is held by the parents, guardian or parent with custody. Information from a session may be shared with the holder of the privilege. Emancipated minors are an exception. Information about an emancipated minor may be shared with parents/or guardian if not to do so endangers that minor.

If you have concerns about what you can or cannot discuss in a session speak with your Employee Assistance Counselor. You may first want to discuss this in general terms and then the counselor can help you decide how this may or may not apply to your specific situation.

Referrals

In some cases, a referral to another service or resource outside of the EAP may be offered to you. These referrals are suggestions: the decision to use or not to use these resources is at your discretion. The cost for these resources is outside of the EAP service and you will be responsible for any fees incurred.

I have read and understand the above statement and have been provided a copy of the Ascension WI EAP "Notice of Privacy Practices".

Please Sign

Date

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