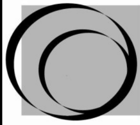

AEAP INTAKE FORM

please print

Today's Date:

CLIENT INFORMATION

Client's Last Name: **Client's First Name:**

Address/P.O. Box:

City: State: Zip: County:

Preferred contact number: Cell ☐ Work ☐ Home ☐

Secondary contact number: Cell ☐ Work ☐ Home ☐

Email: | **Date of Birth:** | Gender: Male ☐ Female ☐

Relationship Status: Single ☐ Married ☐ Partnered ☐ Divorced ☐ Separated ☐ Widowed ☐ Minor ☐

Do you have children? Yes ☐ No ☐ If yes, how many? _________________

Client's Occupation:

Client's Relationship to Covered Employee:

Self ☐ Spouse/Partner ☐ Dependent ☐ Relative ☐ Other ______________________________

EMPLOYEE INFORMATION

Covered Employee's Name: | **Date of Birth:**

Name of Employer:

Length of Service: 0-5 Years ☐ 6-19 Years ☐ 20+ Years ☐

Employment Status: Full-Time ☐ Part-Time ☐ Contract ☐ Temp ☐

Select Your Classification (for university personnel only): Faculty ☐ Staff ☐ Graduate Assistant ☐ House Staff ☐

MISCELLANEOUS INFORMATION

Referred by: Self ☐ Co-Worker ☐ Human Resources ☐ Management ☐

Heard about EAP from: Co-Worker ☐ Family Member ☐ Human Resources ☐ Previous Participation ☐ Orientation/Training ☐ Promotional Material ☐ Website ☐ Supervisor/Manager ☐

Ethnic Background: African-American ☐ Asian ☐ Bi-Racial ☐ Caucasian ☐ Hispanic/Latino ☐ Native American ☐ Other ☐

Education Level: 2 Year Degree ☐ 4 Year Degree ☐ Postgraduate Degree ☐ Some College ☐ Certification ☐ GED ☐ High School Graduate ☐ Grade K-12 ☐

AREAS OF CONCERN

Select all that apply:

Adjustment Issues ☐
Alcohol (family) ☐
Alcohol (self) ☐
Anger Management ☐
Anxiety ☐
Career ☐
Co-Worker Relationship ☐
Dating ☐
Depression ☐
Disability Management ☐
Divorce/Separation ☐
Domestic Violence ☐
Drugs (family) ☐
Drugs (self) ☐

Eldercare/Caregiving ☐
Family Issues ☐
Financial ☐
FMLA ☐
Grief/Major Loss ☐
History of Abuse ☐
Legal ☐
Life Coaching ☐
Marital/Partner Issues ☐
Medical/Physical ☐
Other Addiction (family) ☐
Other Addiction (self) ☐
Other Mental Health Issues ☐
Other Relationships ☐

Parenting ☐
Peer Relationships ☐
Pre-Marital ☐
Retirement ☐
School Issues ☐
Self Concept/Esteem ☐
Stress ☐
Supervisor Relationship ☐
Trauma ☐
Work Environment ☐
Work Performance ☐
Workplace Coaching ☐

Describe your primary reason for making an EAP appointment:

____

____

____

On a scale of 1-10, how would you rate the severity of your concerns? 1 2 3 4 5 6 7 8 9 10

How long has this been a problem for you?

____

What goal would you like to accomplish by coming to the EAP?

____

____