



TRIAD

Employee Assistance Program

CLIENT INTAKE

Thank you for taking advantage of TRIAD EAP's counseling services! Please complete this form and give it to your counselor who will return it to TRIAD.

COMPANY NAME (w/ EAP Coverage): _____

EMPLOYEE NAME: _____		Last 4 digits of social security #: _____	
Job position or dept: _____		Date of birth: _____	
Home Address: _____			
City: _____		State: _____ Zip: _____	
Gender: <input type="checkbox"/> M	<input type="checkbox"/> F	May we contact you at the following? <input type="checkbox"/> yes <input type="checkbox"/> no	
Marital status: <input type="checkbox"/> Single		<input type="checkbox"/> Married	Home phone: (_____) <input type="checkbox"/>
<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced	Work phone: (_____) <input type="checkbox"/>
<input type="checkbox"/> Widowed			Cell phone: (_____) <input type="checkbox"/>
			Email _____ <input type="checkbox"/>

CLIENT DATA (if different than "employee"):

Client name: _____ Contact phone: (_____)

Relationship to employee: _____ Date of birth: _____

Gender: M F

Marital status: Single Married Separated Divorced Widowed

Other family member(s) to attend session (if any):

Name: _____ Relationship: _____ Date of birth: _____

Name: _____ Relationship: _____ Date of birth: _____

Primary Care Physician: _____ Previous Therapist: _____

EMERGENCY CONTACT: _____ Home/cell phone (_____)

Emergency contact's relationship to client: _____ Work Phone: (_____)

PRIMARY AREA(S) OF CONCERN:	<input type="checkbox"/> Family / parenting	<input type="checkbox"/> Work / career	<input type="checkbox"/> Alcohol or drugs
	<input type="checkbox"/> Divorce / separation	<input type="checkbox"/> Depression / anxiety	<input type="checkbox"/> Elder care
	<input type="checkbox"/> Marital / significant-other	<input type="checkbox"/> Physical health	<input type="checkbox"/> Grief, loss or trauma
	<input type="checkbox"/> Financial	<input type="checkbox"/> Legal	<input type="checkbox"/> Other:
Additional comments: _____			

How did you find out about this service?

<input type="checkbox"/> Flyer posted at work	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Coworker
<input type="checkbox"/> Payroll flyer	<input type="checkbox"/> Personnel / HR office	<input type="checkbox"/> Family member
<input type="checkbox"/> Training or presentation	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Website

Please be prompt for your appointment and notify us if you need to cancel. If you miss an appointment without calling to cancel or reschedule, the appointment will count toward one of your allowable sessions. Respecting your confidentiality is critical. TRIAD EAP does **not** provide your employer with the names of the individuals who contact us, or the specific areas of concern that were discussed. We do provide the employer with a quarterly report which advises of the number of people, the total number of visits, the number of men and women to come in, the number of employees &/or dependents, and whether the visits were for personal, work or supervisory referral. Your counselor is not an employee of TRIAD EAP. He or she maintains your therapy records and adheres to very rigorous state and federal privacy rules. You will be requested to sign their disclosure statement and will be advised of their privacy practices. Your signature indicates you have read and understand this information. Please call if you have any questions or concerns.

Client Signature Date