

Client Information Form

| Client Name: | | | | | | | | | Case # | [‡] | | | | C1111 | 1 | | |
|---|---------------------------------------|--------------------------------|-------------------------------|---------|------------------------------|--|--|------------------------------------|---------------------------------|----------------------------------|---------------------------------|------------------------|-----------------------------|-----------------------|-----------|-----------|--|
| First Appointm | ent Da | ite: | | | | | | | | | | | (I) | Magellan will st | ipply the | numberj | |
| Address: | | | | | | | | | City: | | | | | | | | |
| State: | 7 | ZIP: | | | | Do we have permission to contact you at the above address? Yes No | | | | | | | | | | | |
| Gender: | Fem | ale 🔲 | Male | | Da | Date of Birth: | | | | | | | | | | | |
| Work Telephone Number: | | | | | | - | | | | Yes No | May we leave a message | | | | Yes No | | |
| Home Telephon Number: | e | | | | | number? | | | Ē | Yes No | May we leave a message? | | | .} [| Yes No | | |
| Emergency Cont Number | tact | | | | | | | | we call you at this Yes ber? No | | | May we leave a message | | | | Yes No | |
| Name of Employer or Organization through which you are accessing EAP: | | | | | | | | | | | | | | | | | |
| Employee's N | ame: | | | | | | yee's Job | | | | Length of Service: | | f | | | | |
| Your Status: | | mployee | | | | loyee Spouse | e | | Employee Child | | | Other | | | | | |
| | ☐ Re | etiree | | | Retir | ee Spouse | | | Retiree C | Child | | | | | | | |
| Do you have health coverage? | | | | | | | | | | | | | | | | | |
| How did you access the | | Self-Referi | | | ☐ Fa | | ☐ Medical Department Referral/Human Resources | | | | Primary Care Physician Referral | | | | | | |
| EAP? | | Supervisor ommenda | tion (Inform | al) | Supervisor Referral (Formal) | | | ☐ Mandatory Supervisor Referral | | | | | Other: | | | | |
| Were you refer | red fo | r a work p | performance | e probl | em? | ☐ Yes [| □ No | | | | | | | | | | |
| If yes, please indicate the type: Absenteeism / Tardiness | | | | | Secu | ☐ Work Relations | Work Quant tionships Quality of | | | | | | Alcohol / Other | | | | |
| What concerns | What concerns brought you to the EAP? | | | | | | | | | | | | | | | | |
| What do you want to see happen as a result of coming here? | | | | | | | | | | | | | | | | | |
| What have you tried on your own to solve your concerns? | | | | | | | | | | | | | | | | | |
| Healthy Habit | Infor | mation (p | olease base | your ai | nswers (| on the past | month): | | | | | | | | | | |
| | partio | cipated in | regular exe | ercise/ | sports/ | recreation (| about 3 t | ime | s/week) to | kee | p fit? 🗌 🗅 | Yes | | lo | | | |
| | | | o lose weigh ettes on a da | | | □ No □ 1 Yes □ N | | | | | | | | | | | |
| How often in t | he nas | st month | did vou drit | nk alco | hol? | | | | | | | | | | | | |
| A) I do not drir | | |) About onc | | | | | nonth D) 2 to 3 | | | times a week | | | E) Once a day or more | | | |
| OPTIONAL: | (| Educa Years con degree e | npleted or | | Legal Issues Fin: Yes No | | | | ial problems: s \[\] No | Military Service: Branch(es): | | | ☐ Yes ☐ No ☐ Present ☐ Past | | | | |
| Client Signatu | re | | | | | | | | | | | | Da | ite | | | |