

Preferred EAP Client Information Form

Date:	Chart Number:
Name:	DOB:

Please explain the problem you are experiencing that brought you to Preferred EAP

What is your goal for counseling?

Please list current medical problems.

Name of Current Medication	Dosage	Medical Condition	Name of Prescribing Physician

PLEASE Circle Yes or No to the following questions. Your responses are STRICTLY CONFIDENTIAL.

Yes No	Have you ever before been seen by a counselor, psychologist, or psychiatrist?
Yes No	Have you ever been hospitalized for an emotional or alcohol or drug problem?
Yes No	Have you ever thought about committing suicide?
Yes No	Have you ever attempted suicide?
Yes No	Have you ever been exposed to significant trauma (violence, abuse, serious accident)? If yes, please explain.
Yes No	

How often do you use alcohol? ___ Never ___ Daily ___ X/week ___ X/month ___ X/year

Yes No	Have you or others ever felt your alcohol use is or was a problem?
Yes No	Do you currently use any illegal drugs?
Yes No	Do you regularly take prescription pain medication?
Yes No	Has drug use ever been a problem for you?
Yes No	I have trouble sleeping.
Yes No	My eating pattern has changed.
Yes No	I feel sad or depressed.
Yes No	I worry or feel anxious.

Name:	Chart #
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Questions related to Job Performance

Yes	No	My personal problems have affected my performance at work.
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If you answered yes, please check all the ways your job has been impacted.

<input type="checkbox"/>	Absenteeism/lost time	<input type="checkbox"/>	Under the influence
<input type="checkbox"/>	Frequent visits to the Medical Department	<input type="checkbox"/>	On the job conflict or relationship problem
<input type="checkbox"/>	Tardiness/early quit	<input type="checkbox"/>	Inappropriate behavior
<input type="checkbox"/>	Accident/near miss	<input type="checkbox"/>	Distraction/pre-occupation
<input type="checkbox"/>	Mistakes/complaints	<input type="checkbox"/>	
<input type="checkbox"/>	Other:		

Roughly how many HOURS of “productive work time” have been “lost” due to personal problems

In the past week?		In the past month?
Yes	No	Is there anything else you want us to know regarding your history or current concerns? If yes, please explain.