

**EMPLOYEE ASSISTANCE PROGRAM  
CLIENT INTAKE INFORMATION**

**WORK INFORMATION**

1. Name \_\_\_\_\_  
  
Employer: \_\_\_\_\_  
  
Job Title: \_\_\_\_\_
2. Length of Employment: \_\_\_\_\_ Job Status:  
Full Time ( ) Part Time ( ) Retired ( )
3. Were you referred to EAP by your Supervisor? Yes ( ) No ( )
4. If yes, name of Supervisor: \_\_\_\_\_  
  
Phone #: \_\_\_\_\_
5. Have you received disciplinary action/probation/suspension: Yes ( ) No ( )
6. During the past 30 days: Number of job accidents: \_\_\_\_\_  
a. Number of sick days used: \_\_\_\_\_  
b. Number of times tardy or left early (unplanned): \_\_\_\_\_  
  
Explain: \_\_\_\_\_
7. Does your employer provide this EAP service for you or are you coming under your spouses, parents or other family members plan? \_\_\_\_\_
8. If you are not the employee what company is providing this service for you?  
\_\_\_\_\_
9. New to EAP? Yes ( ) No ( ) If no, When?: \_\_\_\_\_