Adult Information Form

Date_____

Client Name_____ Date of Birth_____

Employee Name (if different from client)_____

Address_____

Telephone: Home_____ Cell_____ Work _____

Company Name_____ Work Location_____

May we contact you at: ☐ Home ☐ Cell ☐Work ☐Other

May we leave a voice message at: ☐ Home ☐ Cell ☐Work ☐Other

May we send you information at home: ☐Yes ☐No

May we send you information via email: ☐Yes ☐No If Yes, email: _____

Emergency Contact_____ Phone_____

Relationship Status: ☐Married ☐Divorced ☐Separated ☐Single
☐Widowed ☐Co-Habitating

Client Relationship to Covered Employee:

☐Self ☐Spouse☐Significant Other ☐Child ☐Parent ☐Other_____

Insurance Information: (Your insurance will ***not*** be billed for EAP sessions)

Do you have health insurance: ☐Yes ☐No

If yes, name of your insurance company:_____

Name of Insured Employee:_____

Referred by

☐Home Mailing ☐Website

☐Supervisor (Non-Mandatory) ☐Bulletin Board/Poster

☐Supervisor (Mandatory) ☐Family Initiated

☐Training/Presentation ☐Medical Doctor

☐Another Employee ☐Other

Is this a formal Human Resources/ Supervisor Referral: ☐Yes ☐No

If yes: Human Resources/Supervisor's:

Name_____Phone_____

Client Name_____

WAYNE CORPORATION
EMPLOYEE ASSISTANCE PROGRAM
CONFIDENTIALITY/STATEMENT OF UNDERSTANDING

Fees and Cancellation Policy:

Services provided by Wayne Corporation are offered at no direct cost to clients. If assistance beyond the scope of services provided by Wayne Corporation is needed, the EAP counselor will help locate appropriate community resources. It is the client's responsibility to assume costs from such referrals.

PLEASE NOTE: Any missed appointment or cancellation with less than 24-hour notice is counted toward one of your free visits. _____ *(please initial)*

Feedback/Release of Information:

Self-referrals – If an employee or family member self refers for assistance, no information concerning the person's counseling with Wayne Corporation will be released without the person's written permission.

Supervisor referrals – If an employee is referred by his/her supervisor because of a work performance problem, no information concerning the person's counseling with Wayne Corporation will be discussed with his/her company without the individual's written permission.

Confidentiality:

Wayne Corporation will keep all information gained through the counselor/client relationship strictly confidential, except as required by law or in situations deemed potentially life threatening.

Participation in the services offered by Wayne Corporation is voluntary. Wayne Corporation staff may follow-up by phone or letter for you to evaluate our effectiveness and your satisfaction.

Additional questions or comments can be directed to a Wayne Corporation counselor or staff person at 502-451-8262.

I have read this form and understand its content.

_____
Name of Client

_____ _____
Signature of Client **Date**

Client Name_____

Intake Information- To be completed by client

ALL INFORMATION IS CONFIDENTIAL

For each item below, please circle the number that most applies to you.

	Doesn't Apply	**Not Very Serious**				**Very Serious**
Problems with Eating (overeat, binge/purge etc)	0	1	2	3	4	5
Concentration Difficulties	0	1	2	3	4	5
Depression	0	1	2	3	4	5
Sleep Problems	0	1	2	3	4	5
Problems with Temper	0	1	2	3	4	5
Anxiety/Nervousness	0	1	2	3	4	5
Problems with Marriage/Relationship	0	1	2	3	4	5
Problems with Job	0	1	2	3	4	5
Health Problems	0	1	2	3	4	5
Legal Situation	0	1	2	3	4	5
Being Abused (physically, emotionally, sexually)	0	1	2	3	4	5
Problems with Finances	0	1	2	3	4	5

Client Name_____

Please note any history of serious injuries, surgeries, chronic illness or conditions:

_____
_____
_____
_____

Please list medications you are currently taking including over the counter drugs:

_____
_____
_____
_____

Have you ever felt like you should cut down on alcohol or other drug use (including prescription drugs)?

☐Yes ☐No

Has a friend or relative discussed concerns about your use?

☐Yes ☐No

Have you ever felt guilty about your drinking or drug use?

☐Yes ☐No

Have you ever had to take a drink or use a drug the next day to steady your nerves?

☐Yes ☐No

Are you a recovering alcoholic or drug addict?

☐Yes ☐No

Is there a history of problems with alcohol or drug use in your family?

☐Yes ☐No