

**FirstHealth of the Carolinas - Employee Assistance Program  
Confidential Client Data Sheet**

Date: \_\_\_\_\_

Client (First): \_\_\_\_\_ (MI): \_\_\_\_\_ Client (Last): \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
OK to call?  OK to call?  OK to call?

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Health Plan: \_\_\_\_\_

Employee (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

|   |   |   |  |
|---|---|---|--|
| <p><b>Education</b></p> <input type="checkbox"/> 8 <sup>th</sup> Grade or under<br><input type="checkbox"/> 9 <sup>th</sup> through 11 <sup>th</sup><br><input type="checkbox"/> H.S Graduate<br><input type="checkbox"/> Some College<br><input type="checkbox"/> College Graduate<br><input type="checkbox"/> Advanced Degree | <p><b>Referral Source</b></p> <input type="checkbox"/> Supervisor Formal<br><input type="checkbox"/> Supervisor Recommendation<br><input type="checkbox"/> Medical Dept. or<br>Employee Health<br><input type="checkbox"/> Self<br><input type="checkbox"/> Other | <p><b>Been to EAP Before</b></p> <input type="checkbox"/> No<br><input type="checkbox"/> Once<br><input type="checkbox"/> Twice<br><input type="checkbox"/> Three Times<br><input type="checkbox"/> Four Times<br><input type="checkbox"/> Five or More Times | <p><b>Self Reported Days<br/>Absent In Last 12 Months</b></p> <input type="checkbox"/> No Days<br><input type="checkbox"/> 1 - 5 Days<br><input type="checkbox"/> 6 - 10 Days<br><input type="checkbox"/> 11 - 15 Days<br><input type="checkbox"/> 16 + Days<br><input type="checkbox"/> N/A Family Member |
|---|---|---|--|

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|--|--|---|--|
| <p><b>Ethnic Background</b></p> <input type="checkbox"/> American Indian or<br>Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Hispanic / Latino<br><input type="checkbox"/> Native Hawaiian or<br>Pacific Islander<br><input type="checkbox"/> Two or More Races<br><input type="checkbox"/> White | <p><b>Work Status</b></p> <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time<br><input type="checkbox"/> As Needed<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Other<br><input type="checkbox"/> N/A (Family Member) | <p><b>Work Performance Problems</b></p> <input type="checkbox"/> Absent<br><input type="checkbox"/> Tardy<br><input type="checkbox"/> Safety Violations<br><input type="checkbox"/> Problems Relating to<br>Other Employees<br><input type="checkbox"/> Quality / Quantity or<br>Work Decreased<br><input type="checkbox"/> Workers Comp Case<br><input type="checkbox"/> Alcohol / Drugs Suspected<br>on the Job<br><input type="checkbox"/> Theft<br><input type="checkbox"/> Other<br><input type="checkbox"/> N/A Family Member<br><input type="checkbox"/> No Problems | <p><b>Have You Lost Time At Work Due<br/>to Injury in Last 12 Months</b></p> <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A Family Member |
|--|--|---|--|

|   |  |  |
|---|--|--|
| <p><b>Gender</b></p> <input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Transgender | <p><b>Shift</b></p> <input type="checkbox"/> Days<br><input type="checkbox"/> Evenings<br><input type="checkbox"/> Nights<br><input type="checkbox"/> Rotating<br><input type="checkbox"/> Other<br><input type="checkbox"/> N/A (Family Member) | <p><b>Urgency of the Case</b></p> <input type="checkbox"/> Suicide<br><input type="checkbox"/> Homicide<br><input type="checkbox"/> Sexual Abuse<br><input type="checkbox"/> Physical Abuse<br><input type="checkbox"/> Psychosis<br><input type="checkbox"/> Combination of Above<br><input type="checkbox"/> None of Above |
|---|--|--|

|   |   |  |   |
|---|---|--|---|
| <p><b>Marital Status</b></p> <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Widowed<br><input type="checkbox"/> Living with someone | <p><b>Length of Employment</b></p> <input type="checkbox"/> 2 Years or Less<br><input type="checkbox"/> 2-5 Years<br><input type="checkbox"/> 6-10Years<br><input type="checkbox"/> 11-15 Years<br><input type="checkbox"/> 16-24 Years<br><input type="checkbox"/> 25+ Years | <p><b>Personnel Actions Taken</b></p> <input type="checkbox"/> Employee was counseled<br><input type="checkbox"/> Verbal/Written Warning<br><input type="checkbox"/> Suspension<br><input type="checkbox"/> Demotion<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> No Action Taken<br><input type="checkbox"/> N/A (Family Member)<br><input type="checkbox"/> Other | <p><b>Aware of EAP From</b></p> <input type="checkbox"/> Prior Participation<br><input type="checkbox"/> Newsletter Article<br><input type="checkbox"/> Posters<br><input type="checkbox"/> Payroll Stuffers<br><input type="checkbox"/> Brochures<br><input type="checkbox"/> Supervisor Suggested<br><input type="checkbox"/> Co-Worker Suggested<br><input type="checkbox"/> Family Suggested<br><input type="checkbox"/> In Service Training /<br>Orientation<br><input type="checkbox"/> Other |
|---|---|--|---|

May we follow up with a Customer Service Questionnaire? Yes  No



## Personal Issues

### Abuse / Addiction of Client

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- Alcohol Abuse
- Drug Abuse
- Gambling
- Internet
- Sexual
- Abuse Other

### Family

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- Family Conflict
- Child
- Teen
- Parent / Child Relationship
- Domestic Violence
- Reaction to Illness
- Living with Abuse or Addiction
- Living with Emotional Problem
- Family Other

### Marital / Relationship

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- Marital / Relationship

### Emotional Problems

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- Depression
- Anxiety
- Grief
- Emotional Other

### Trauma and Abuse

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- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Post Traumatic Stress
- Trauma Other

### Work Related

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- Relationship with Co-Worker
- Relationship with Supervisor
- Work Place Violence
- Harassment
- Job Performance
- Work Related Other

### Work / Life Balance

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- Childcare
- Older Adult Services
- Lifestyle / Wellness
- Consumer Issues
- Travel / Recreation
- Home Repair
- Pet Care
- Education
- Work Life Other

### Medical Condition

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- Medical Condition

### Legal

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- Legal

### No Personal Issue

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- No Personal Issue

### Other

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- Eating Disorders
- Stress
- Not Listed