

CONCERN: Employee Assistance Program
CLIENT DATA FORM

TO BE COMPLETED BY THE CLIENT:

The client is the person requesting services. If you are requesting services as a couple or family, list the eligible employee as the client.

Client Name: _____			Date of Birth: _____		
FIRST	M.I.	LAST			
Address: _____			Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
City/State/Zip: _____			Optional: _____		
Phones: (____) _____		(____) _____		_____	
Home		Work		Social Security Number	
(____) _____		_____		_____	
Other (e.g. cell)		Email		Health Insurance Plan	

Please specify where you would like to be reached: Home Work Other No Preference

Source of Referral

Check the category that was most helpful in bringing you to CONCERN

- Promotional Materials
- Work-site Presentation/Health Fair
- Co-worker
- HR/ New Employee Orientation
- Used Before
- Manager
- Employer's Web Site
- Other

Client Status

- Employee
- Spouse/Partner
- Child/Dependent

Method of first requesting service

- Phone
- Online

Age

- 0-12
- 13-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 +

Marital Status

- Never Married
- Married
- Separated
- Divorced
- Widowed
- Domestic Partners

Education

- Grade School
- High School
- Some College
- 4 Year Degree
- Post Graduate
- Trade School

Complete this section about the *employee* of the employer providing the CONCERN: EAP benefit:

Employee Name (if different from client) _____		Date of Birth: _____	
Name of Employer providing EAP Benefits: _____			
Location of Employment: _____			
Years of service		Job Data	
<input type="checkbox"/> <1	<input type="checkbox"/> 7-10	<input type="checkbox"/> Salary/ exempt	
<input type="checkbox"/> 1-3	<input type="checkbox"/> 11-20	<input type="checkbox"/> Hourly/ non-exempt	
<input type="checkbox"/> 4-6	<input type="checkbox"/> 20 +		

Name of Spouse or Partner _____ Date of Birth _____ Gender _____

Please take a moment to answer the following questions:

How would you rate how well you were informed about our services before you called?

- Excellent Very Good Good Fair Poor

How would you rate the timeliness of your first scheduled appointment?

- Excellent Very Good Good Fair Poor

How would you rate the helpfulness and pleasantness of the telephone referral staff?

- Excellent Very Good Good Fair Poor

May we contact you about the quality of our services? Yes No