# Client Information Form

**Client Name:** _____ Case # _____
[Magellan will supply the number]

First Appointment Date: _____

| **Address:** | | **City:** |
|---|---|---|
| **State:** | **ZIP:** | **Do we have permission to contact you at the above address?** ☐ **Yes** ☐ **No** |

| **Gender:** | ☐ Female | ☐ Male | **Date of Birth:** |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Work Telephone Number: | | May we call you at this number? | ☐ Yes ☐ No | May we leave a message? | ☐ Yes ☐ No |
| Home Telephone Number: | | May we call you at this number? | ☐ Yes ☐ No | May we leave a message? | ☐ Yes ☐ No |
| Emergency Contact Number | | May we call you at this number? | ☐ Yes ☐ No | May we leave a message? | ☐ Yes ☐ No |

| **Name of Employer or Organization through which you are accessing EAP:** | | | | |
|---|---|---|---|---|
| **Employee's Name:** | | **Employee's Job Title:** | | **Length of Service:** |

| **Your Status:** | ☐ Employee | ☐ Employee Spouse | ☐ Employee Child | ☐ Other |
|---|---|---|---|---|
| | ☐ Retiree | ☐ Retiree Spouse | ☐ Retiree Child | |

| Do you have health coverage? | ☐ **Yes** ☐ **No** | (if Yes) **Name of organization(s) through which you are covered:** |
|---|---|---|

| **How did you access the EAP?** | ☐ Self-Referral | ☐ Family Initiated | ☐ Medical Department Referral/Human Resources | ☐ Primary Care Physician Referral |
|---|---|---|---|---|
| | ☐ Supervisor Recommendation (Informal) | ☐ Supervisor Referral (Formal) | ☐ Mandatory Supervisor Referral | ☐ Other: _____ |

| **Were you referred for a work performance problem?** ☐ **Yes** ☐ **No** | | | | | | |
|---|---|---|---|---|---|---|
| **If yes, please indicate the type:** | ☐ Absenteeism / Tardiness | ☐ Safety / Security | ☐ Work Relationships | ☐ Quantity / Quality of Work | ☐ Positive Alcohol / Drug Test | ☐ Other |

**What concerns brought you to the EAP?**

**What do you want to see happen as a result of coming here?**

**What have you tried on your own to solve your concerns?**

| **Healthy Habit Information (please base your answers on the past month):** |
|---|
| ° **Have you participated in regular exercise/sports/recreation (about 3 times/week) to keep fit?** ☐ **Yes** ☐ **No** |
| ° **Have you been dieting to lose weight?** ☐ **Yes** ☐ **No** ☐ **NA** |
| ° **Have you smoked cigarettes on a daily basis?** ☐ **Yes** ☐ **No** |

| **How often in the past month did you drink alcohol?** (circle your answer) | | | | |
|---|---|---|---|---|
| ◯ I do not drink at all | ◯ About once a month | ◯ 2 to 3 times a month | ◯ 2 to 3 times a week | ◯ Once a day or more |

| **OPTIONAL:** | Education (Years completed or degree earned): _____ | Legal Issues ☐ **Yes** ☐ **No** | Financial problems: ☐ **Yes** ☐ **No** | Military Service: Branch(es): ☐ **Yes** ☐ **No** ☐ **Present** ☐ **Past** |
|---|---|---|---|---|

**Client Signature** _____ **Date** _____