



**EAP New Client Registration**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Relationship Status: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

May we call you at either number? Y\_\_\_ N\_\_\_ Leave a message at either number? Y \_\_\_ N\_\_\_

**In Case of Emergency, Notify:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Household Information**

Name	Date of Birth	Relationship	Occupation / Grade in School
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List **all** medications you are now taking – prescription and nonprescription (such as aspirin, supplements, etc.)

Medication	Dosage (amount & times per day)	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Symptoms**

Please circle any of the following areas in which you are having difficulty:

- |                  |                  |                |                   |                     |
|------------------|------------------|----------------|-------------------|---------------------|
| Nervousness      | Education        | Self-Control   | Shaky             | Perspiring          |
| Shyness          | Hyperventilation | Stress         | Being a Parent    | Dating Problems     |
| Weight Change    | Bowel Troubles   | Dizziness      | Paranoia          | Assertiveness       |
| Drug Use         | Restlessness     | Hearing Voices | Eating Problems   | Work                |
| Communication    | Irritability     | Headaches      | Racing Heart      | Compulsive Habits   |
| Anger            | Isolations       | Overwhelmed    | Fears             | Making Decisions    |
| Inferiority      | Appetite Change  | Memory         | Suicidal Thoughts | Perfectionism       |
| Sleep            | Depression       | Self Esteem    | Finances          | Guilt               |
| Can't Relax      | Hopelessness     | Identity       | Mood Swings       | Stomach Problems    |
| Motivation       | Sexual Problems  | Marriage       | Health Problems   | Other: _____        |
| Legal Matters    | Boredom          | Career Choices | Friends           | _____               |
| Energy           | Alcohol Use      | Hair Pulling   | Can't Have Fun    | Violence Skin       |
| Loneliness       | Fatigue          | Panic          | Nausea            | Picking Family      |
| Lack of Interest | Impatience       | Crying         | Palpitations      | Repetitive Thoughts |
| Fainting         | Pain             | Concentration  | Avoid People      | Other: _____        |
|                  |                  |                |                   | _____               |

**History**

Have you ever seen a mental health provider such as, psychologist, psychiatrist or therapist before?

<b>Dates</b>	<b>Names</b>	<b>Reasons</b>	<b>Outcome</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any major changes in your life in the past two years:

\_\_\_\_\_

\_\_\_\_\_

When did you last feel well?

\_\_\_\_\_

Please add any additional information you feel would be useful: \_\_\_\_\_

\_\_\_\_\_

## Employee Assistance Program

Many employers have EAP / Employee Assistance Program benefits that provide a number of sessions with a contracted therapist before a client uses their health insurance, so the sessions are **free** to the patient and thus without a copay or deductible. These benefits are often available to all employees whether or not they are covered by the health insurance through the employer and whether or not the employee is full or part time. These EAP benefits are often available to all family members and sometimes to all people living in the employee's home whether or not they are family members.

We contract with several EAP companies, so it is important to clarify what company your EAP utilizes so that we bill the correct company.

A REFERRAL OR AUTHORIZATION IS ALWAYS NECESSARY FOR AN EAP BENEFIT. YOU CAN GET THIS AUTHORIZATION THROUGH YOUR HUMAN RESOURCES DEPARTMENT OR THROUGH A PHONE NUMBER ON YOUR BENEFIT'S CARD. This number is sometimes on the benefit card following MH/SA (mental health/substance abuse).

EAP services may include assessment and referral or **brief counseling**. The EAP counselor will work with you to clarify the problem, identify choices, and develop an action plan.

### **CONFIDENTIALITY**

The EAP Provider and the EAP counselor will maintain confidential records of your contact with the EAP and the services provided to you in order to provide continuity and coordination of your care. No one will reveal information concerning your use of the EAP to anyone outside the program except as follows: (1) you consent in writing; (2) life or safety is seriously threatened; (3) disclosure is required by law; or (4) your counselor refers you to benefits-covered treatment and the claims payor requires information. In addition, your counselor will disclose information and records to the EAP Provider as needed for coordination of EAP services, quality assurance, or payment. Professional auditors (not employed by the employee's company) may also examine your file to evaluate the services. Depending on the privacy policy of the employer, the employer's privacy official might have access to information in connection with the employer's obligations in the Privacy Rule under HIPAA (the Health Insurance Portability and Accountability Act). Check the employer's privacy policy to see if the privacy official or anyone else will have access to information.