CLIENT DEMOGRAPHIC FORM

Employer:		**Division/Department:**	
Employee Name: **DOB:**			
Non-work E-mail:		**Cell Phone:**	
Address:	**City:**	**State:**	**Zip:**

EMPLOYEE INFORMATION ONLY

Case Status	**Ethnic Origin**	**Marital Status**	**Education (Highest completed)**
◯ New ◯ Re-opened Last Time Seen:	◯ White ◯ Black ◯ Hispanic ◯ Asian ◯ Native American ◯ Other_____	◯ Married ◯ Single ◯ Separated ◯ Divorced ◯ Widowed ◯ Significant Other/Partner	◯ Grade School ◯ High School ◯ Technical School ◯ College ◯ Graduate School
Information Source (How did you know about EAP?)	**Referral Source** (How were you referred?)	**Employee's Job Category**	**Employee Status**
◯ Home Mailing ◯ Brochure/ Poster ◯ Training Session ◯ Family Member ◯ Supervisor ◯ Co-worker ◯ Other	◯ Self-Referral ◯ Supervisory Referral __Suggestion __Required ◯ Family Initiated ◯ Company Wellness/ Medical Dept. ◯ Other_____	◯ Executive/Mgmt. ◯ Professional/ Technical ◯ Sales/Marketing ◯ Clerical ◯ Labor/Manufacturing ◯ Other_____	◯ Active Length of Service: ___Years:___Months: ◯ Inactive ◯ Retired

FAMILY/DEPENDENT INFORMATION

Name:	**Relationship to Employee:**	
DOB: **Gender:**	**Ethnicity:**	
Home Address: **Zip:**	**City:**	**State:**

Name:	**Relationship to Employee:**	
DOB: **Gender:**	**Ethnicity:**	
Home Address: **Zip:**	**City:**	**State:**

OPTIONAL

INSURANCE COMPANY:_____ **PHONE:**_____

AUTHORIZATION NUMBER (IF NEEDED):_____