Staple

TriHealth

Adult Intake Questionnaire

TriHealth EAP

(Please Print)

Name: _____ **Date of birth:** _____

What company is your EAP benefit through? _____

What do you hope to accomplish in counseling? _____

_____

People Living in Your Household:

Name	Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children Not Living with You:

Name	Age	Living Arrangements
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Care Physician: _____ Date of last visit to doctor: _____

Medical conditions/ specialists you are seeing: _____

_____

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Medications you are taking **now,** including prescriptions, over-the-counter, vitamins and supplements:

_____

_____

Medications you **used to take** for anxiety, depression, sleep or other mental health issues:

_____

_____

Height: _____ Weight: _____

Do you exercise? ☐ Yes ☐ No How often? _____

Trouble sleeping? ☐ Yes ☐ No

Change in appetite in the last month	☐ Yes	☐ No
Employed Full-Time	☐ Yes	☐ No
Employed Part-Time	☐ Yes	☐ No
Retired	☐ Yes	☐ No
Disabled	☐ Yes	☐ No
Student	☐ Yes	☐ No
Served in Military	☐ Yes	☐ No

Married or living with partner	☐ Yes	☐ No
Divorced/Separated	☐ Yes	☐ No
Single	☐ Yes	☐ No
Currently on probation	☐ Yes	☐ No
Bankruptcy	☐ Yes	☐ No

Alcohol or Drug Treatment	☐ Yes	☐ No
DUI or OVI	☐ Yes	☐ No
Other arrest	☐ Yes	☐ No
Currently on probation	☐ Yes	☐ No
Have a Case Manager	☐ Yes	☐ No

Previous counseling	☐ Yes	☐ No
Psychiatric hospitalization	☐ Yes	☐ No
Ever had suicidal thoughts?	☐ Yes	☐ No
Suicide attempt	☐ Yes	☐ No
Self-injury (cutting)	☐ Yes	☐ No

Physical abuse	☐ Yes	☐ No
Sexual abuse	☐ Yes	☐ No
Rape or sexual assault	☐ Yes	☐ No
Domestic violence	☐ Yes	☐ No
Emotional/verbal abuse	☐ Yes	☐ No
Victim of crime	☐ Yes	☐ No

Ever been in a physical fight?	☐ Yes	☐ No
Fire arm in your home?	☐ Yes	☐ No

Family member with alcohol/drug problem	☐ Yes	☐ No
Family member with psychiatric problems	☐ Yes	☐ No

Substance Use History

Do you drink alcohol? ☐ Yes ☐ No

When was your last drink? _____

How many times a week do you drink? _____

About how many drinks do you have each time? _____

Have you ever tried to cut back on your drinking?	☐ Yes	☐ No
Has anyone said they are concerned about your drinking	☐ Yes	☐ No
Are you worried about another's alcohol/drug use?	☐ Yes	☐ No
Do you smoke cigarettes or use other nicotine products?	☐ Yes	☐ No

Besides alcohol, what **other drugs have you tried** in your lifetime? (check all that apply)

☐ Marijuana	☐ Cocaine/Crack	☐ Prescription pain pills (Percocet, Vicodin, OxyContin, etc)
☐ Heroin	☐ Hallucinogens (LSD, Mescaline, Ecstasy, etc)	☐ Tranquilzers (Valium, Xanax, Klonopin, etc)
☐ Methamphetamine	☐ Other Stimulants (diet pills, Ritalin, Adderall, etc)	☐ Inhalants (glue, nitrous oxide, etc)
☐ PCP	☐ Barbiturates (Seconal, Nembutal, etc)	☐ Sleep medicines (Ambien, Lunesta, etc)

What is the biggest **stress** in your life right now? _____

_____

_____

Is there anything else your counselor should know about you? _____

_____

_____

_____ _____

Client Signature Date

_____ _____

Reviewed/Updated by Clinician Date

TriHealth

Statement of Understanding
Client's Rights and Responsibilities

TriHealth EAP

What does TriHealth EAP provide?

TriHealth EAP provides counseling services at no cost to you. Specifically, TriHealth EAP provides assessment, short-term counseling when appropriate, referral when needed, and follow-up. When a problem requires specialized or longer-term services, a referral will be made following the assessment of your situation. If you are referred, there may be fees involved for the specialized or long-term services. Those services may be covered under the medical benefits plan provided by your employer; however, it is your responsibility to determine whether the services are covered by the plan.

What does a referral involve?

When a referral is advised, your counselor will work with you to find an appropriate resource. We find it is in your best interest to make the referral at the earliest possible point so you can start working immediately with the appropriate treatment provider. The referral usually takes place after the first or second session with the TriHealth EAP counselor.

Is TriHealth EAP counseling confidential?

No information regarding you or your problem can be released to anyone without your express written consent. If you request we contact someone on your behalf, you must complete an informed consent release. State and federal laws, however, mandate in cases of child abuse, elderly abuse, or when a person may be a threat to their own or someone else's safety, the counselor must notify the proper authorities. TriHealth EAP must also release records if ordered to do so by a court of law. TriHealth EAP complies with State and Federal Law including CFR42 and the Health Information Portability and Accountability Act (HIPAA).

What are the counselor's responsibilities?

Your counselor is responsible for defining the problems as fully as possible. This process is started by completing a general history. Through this assessment, the counselor will determine an approach to the problem, be it short-term counseling or a referral. Your counselor will provide you with honest information about the nature of your particular problems and recommend treatment alternatives based on what is most likely the best outcome. The final decision on what to do is up to you.

What are your responsibilities?

The counseling process is most likely to produce results if you are willing to look at your own behavior, are honest, and are willing to act on what is learned in counseling. You are responsible for setting and keeping appointments.

Please provide as much notice as possible if an appointment is going to be missed.

Any appointment not properly cancelled will be considered a "no show" and will be counted towards your EAP benefit. Generally, failure to notify is considered lack of involvement in the counseling process.

Our goal is a positive, helpful experience for you at TriHealth EAP. Feel free to discuss any problems or concerns you have with the counselor or to call 513 891 1627 or 1 800 642 9794. We value your confidence in us and your suggestions to improve our services.

_____ _____

Client Signature Date

_____

Client Name (Please Print)

_____ _____

Reviewed/Updated by Clinician Date

Notice of Privacy Practices

TriHealth EAP

I, _____ (Print Your Name) hereby acknowledge that I have received the Notice of Privacy Practices from TriHealth EAP.

_____ _____

Client Signature Date

(This acknowledgement form will be scanned into the clinical chart)