



Employee Assistance Program (EAP) Client Information Form

Date: _____ Company: _____ Location: _____
(Company Providing EAP Benefit)

Legal Name of Client: _____ DOB: _____
(First) (M.I.) (Last)

Name Used/Preferred Name: _____ Pronouns: _____

Home Address: _____
(Street) (City) (State) (Zip)

Home/Cell Phone: _____ Work Phone: _____

Email Address: _____

Legal Sex: Male Female Relationship to the Employee: _____

Gender Identity:

Female Male Transgender Female/Male-to-Female Transgender Male/Female to Male Gender Non-conforming Gender Queer

Relationship Status:

Single Married Domestic Partnership/Civil Union Partnered Separated/Divorced Widowed Other: _____ N/A Child

Referred By:

Self-Initiated Informal Supervisor (suggested) Formal Supervisor (required) Medical Clinic/Nurse
 Other Previously used - how long ago? _____

Please answer the following questions (as they relate to the employee):

Employee Name: _____
(First) (M.I.) (Last)

Education Level

- Less than nine years
- Less than 12 years
- High School Graduate
- Some College
- Technical School Graduate
- College Graduate
- Advanced Degree

Occupation

- Management
- Laborer/Hourly
- Professional/Technical
- Clerical/Secretary/Customer Service
- Retired
- Laid Off
- Other

Years at Employer

- 0 to 1 Year
- 1 to 5 Years
- 6 to 10 Years
- 11 to 15 Years
- 16+ Years
- Other

Race

- White
- Black
- Hispanic
- Asian
- Native American
- Other

Job Status

- Full-time
- Part-time
- Occasional
- Temporary
- Other

How did you hear of EAP:

- EAP Brochure
- Poster
- Co-worker
- Home mailing
- Training/Orientation/Ed program
- Other _____