



King County

Employee Assistance Program

Initial Visit Client Questionnaire

The information you are about to provide is strictly confidential. It cannot and will not be released or disclosed to anyone outside of the EAP without your consent *except as explained in the attached Statement of Understanding.*

Your name _____ Initial meeting date _____

Mailing address _____ City _____ Zip _____

Emergency contact _____ Relationship _____ Phone _____

Please provide at least one phone number where we could contact you to give or get information or if we need to reschedule an appointment (*providing numbers below implies your consent for EAP to contact you at them*):

Home _____ Best time to call _____ Okay to leave message? Yes No

Work _____ Best time to call _____ Okay to leave message? Yes No

Cell/other _____ Okay to leave message? Yes No

Last 4 digits of SSN _____ DOB _____ Age _____ Last grade completed _____

Gender Identity: Male Female Transgender Other If Metro, Badge # _____

Current status: Never married Married/domestic partner Sep/divorced Widowed

Position _____ Dept _____ Years employed at KC _____ Union # _____

Who referred you to the EAP? ___ Myself ___ Supervisor ___ Co-worker ___ Other: _____

If referred by your supervisor, his/her name _____

From the generalized list below, please check the issues for which you are seeking EAP assistance:

- | | | | |
|------------|--------------|-------------------------|------------|
| Co-worker | Drug/alcohol | Family issues | Stress |
| Employee | Legal | Domestic violence/abuse | Depression |
| Supervisor | Financial | Abuse/harassment @ work | Other |

Please explain briefly a little about the nature of the issue that brings you in:

How would you like EAP to try to help you with this?

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