VITAL WORK•LIFE

Client Intake Survey

(To be completed by client/guardian)

This form is being completed verbally via telephonic counseling: Y N

Today's Date: _____

_____ _____ _____
Last Name *First Name* *MI*

( ) _____ H C W
Can We Leave a Message: Y N

( ) _____ H C W
Can We Leave a Message: Y N

Email: _____
Can we follow up by email: Y N

_____ _____ _____
Address *City/State* *Zip Code*

DOB: _____ *Circle One:* Male Female Other

Name of company providing EAP benefit: _____

Your relationship to the employee covered by EAP: ☐ *Self* ☐ *Spouse* ☐ *Partner* ☐ *Child* ☐ *Other*_____

List others attending today's session and their relationship to you: (example: Tom/Spouse)

_____ _____

_____ _____

Choose the reason for your visit today using a 1 as the primary reason for counseling, and 2 as the secondary reason.

Mental/Physical Health
___ *Medical/Physical*
___ *Grief/Major Loss*
___ *Depression*
___ *Anxiety*
___ *Suicidal*
___ *Other*

Addiction
___ *Alcohol*
___ *Drugs*
___ *Eating Disorder*
___ *Spending*
___ *Gambling*
___ *Other*

Relationships
___ *Marital/Partner*
___ *Family/Children*
___ *Abuse/Neglect*
___ *Co-worker/Supervisor*
___ *Identity/GLBTQ*
___ *Elder Care*
___ *Parenting*
___ *Other*

Work / Life
___ *Career Choices*
___ *Stress Reaction*
___ *Financial Management*
___ *Legal Concern*
___ *Work/Life Balance*
___ *Anger Management*

1. How did you find out about our services?

☐ Been Here Before
☐ Company Newsletter
☐ Literature or Poster
☐ Seminar / Orientation
☐ Co-Worker
☐ Manager or Supervisor
☐ Human Resources
☐ Partner/Spouse/Relative
☐ Insurance Plan / Health Coach
☐ Clergy / Spiritual Leader
☐ Healthcare Provider
☐ Website/Internet
☐ Return To Work Coaching Referral
☐ Employer Referral – Required
☐ Other_____

Client Name: _____

Work and Health related questions (Please answer all that apply for the person using this service)

The following questions relate to the impact of your concerns on your daily activities, your work, and your overall health. Your responses may provide additional insights to assisting with your concerns and be beneficial in measuring and assessing the success of our program.

2. **How would you rate your current job satisfaction?**

   ☐ *Excellent*
   ☐ *Good*
   ☐ *Average*
   ☐ *Poor*
   ☐ Very *Poor*

3. **During the past 4 weeks, have you been preoccupied at work and could not concentrate or be productive due to the issue(s) you are contacting us about?** ☐ *Yes* ☐ *No*

4. **During the past 4 weeks, have you been absent from work because of the issue(s) you are contacting us about?**
   ☐ *Yes* ☐ *No*

5. **In general, how would you rate your overall health?**
   ☐ *Excellent* ☐ *Good* ☐ *Average* ☐ *Poor* ☐ Very *Poor*

6. **In the past 2 weeks have you experienced any of the following?**
   ☐ *Depressed mood or excessive sadness*
   ☐ *Poor concentration*
   ☐ *Increased or decreased appetite/weight gain or weight loss*
   ☐ *Sleeping problems/increased sleeping or trouble sleeping*
   ☐ *Loss of interest in activities / lack of motivation*
   ☐ *Feeling worthless or guilty*
   ☐ *Suicidal thoughts/thoughts of death*
   ☐ *Fatigue*

7. **If this service had not been available to you what would you have done?**

   ☐ *Contacted family physician*
   ☐ *Contacted a crisis line or social services organization*
   ☐ *Contacted my supervisor/co-worker*
   ☐ *Nothing*
   ☐ *Contacted a therapist, psychiatrist, or psychologist*
   ☐ *Contacted a friend*
   ☐ *Contacted my clergy/faith leader*
   ☐ *Other*

8. **How would you rate your overall health <u>compared to one year ago?</u>**

   ☐ *Much better now than one year ago*
   ☐ *Somewhat better now than one year ago*
   ☐ *About the same as one year ago*
   ☐ *Somewhat worse now than one year ago*
   ☐ *Much worse now than one year ago*

9. **Are you in any relationship that causes you concern for your safety or the safety of others?**
   ☐ *Yes* ☐ *No*

VITAL WORK•LIFE

Statement of Understanding

Your Benefit and Fees

You have been referred to VITAL WorkLife for assessment and/or counseling services through your Employee Assistance Program (EAP). VITAL WorkLife EAP provides assessment, referral and short term counseling for a specific issue to be addressed within a limited number of sessions. Sessions are offered to you, as the employee, and your family members. This counseling is paid for by your employer, and provided at no cost to you. You are expected to be on time for your appointments and give your counselor at least 24-hour notice if you are unable to keep an appointment.

In the event your counselor recommends continued counseling beyond the number of sessions authorized, or refers you for treatment beyond the scope of the type of counseling provided through VITAL WorkLife EAP, it will be your responsibility to determine whether or not those outside services are covered under your medical benefit plan and to pay any charges for services not covered by your medical benefit plan. Examples of these referrals could include specialized counseling, court ordered evaluations, diagnostic or Rule 25 assessments or psychological evaluations. These recommendations could be made during the course of your EAP sessions, or when they are completed. Check with your employer's benefits representative before you engage in services provided by resources other than VITAL WorkLife EAP.

Confidentiality

It is important you understand the confidentiality of the communications between you and your counselor. Unless you authorize disclosure in writing, no information about you or the records of your counseling sessions will be given to third parties, except under the circumstances identified below.

The circumstances when your counselor may be required to disclose confidential information to appropriate authorities without your permission are:

- Your counselor believes you might harm yourself or someone else. Such a disclosure could include information indicating impairment sufficient to pose a life-threatening situation at your workplace.
- Your counselor suspects abuse or neglect of a child or vulnerable adult may be occurring or has occurred.
- A judge orders your counselor to comply with a court order or subpoena to provide information in connection with a legal proceeding.
- You have been mandated to VITAL WorkLife by your employer. Your counselor may share results of assessment and recommendations with your assigned VITAL WorkLife case manager, although cannot disclose any information to your employer.

No Shows/Late Cancellations

In order to assure all EAP clients are able to schedule appointments in a timely manner, we ask that you please be courteous and notify your provider within 24-hours of your session of your need to cancel or re-schedule if you are not able to make your original appointment. That will give the provider the opportunity to schedule someone else into that time period. NO SHOWS and LATE CANCELLATIONS (less than 24 hours in advance) will count as one of your EAP sessions.

Complaints and Grievances

If you have a complaint concerning a person associated with VITAL WorkLife EAP, the quality of services or any other aspect of the EAP, you may register the complaint with our Service Delivery Department by calling 800.383.1908. In addition, VITAL WorkLife staff may follow up with you by email to evaluate service effectiveness and your satisfaction.

I have read this statement and acknowledge its conditions.

_____ _____

Signature of client or legal guardian Date

_____

Printed name of client