

Solutions Employee Assistance, L.L.C.

CONFIDENTIAL PERSONAL INFORMATION FORM

Name _____ Date _____
Last First Middle

Address _____
Street or P.O. Box City State Zip Code

Telephone: Primary/Cell: _____ Work: _____ Ext.: _____ Message OK _____

Birthdate _____ Age _____ Gender _____ Email _____

1. Referral Information: Referred by (circle one):
Self Supervisor Family Other Employee Union Human Resources Other

2. Current Relationship Status (circle one)
Never Married Married Widowed Divorced Separated Partnered

Length of current status: _____ Yrs. Spouse's/Partner's Name _____

Do you have children? _____ Yes _____ No If yes, # & ages: _____

Are you experiencing any difficulties in your family life or living situation?
_____ Yes _____ No If yes, explain _____

3. Education:
Highest grade level/degree completed so far: _____

If attending school, are you experiencing difficulties with your education?
_____ Yes _____ No

4. Employer _____ Current Occupation _____

Shift: (circle all that apply) Full time Part time Days Swing Nights Rotating

Length of current employment: _____ Years _____ Months
Length of time with current supervisor: _____ Years _____ Months

Are you experiencing difficulties with your job? _____ Yes _____ No

Has your supervisor indicated that job performance is inadequate in any way? _____ Yes
_____ No

(OVER)

5. Financial/Insurance Information:

Are you experiencing financial difficulties at this time? Yes No

Are you experiencing legal difficulties at this time? Yes No

Medical Insurance Co. _____

6. Health Information:

Name of primary care physician? _____

Are you experiencing any medical problems? Yes No

If yes, please describe:

Do you have any disabilities? Yes No

Are you experiencing any emotional or psychological problems? Yes No

Are you taking any form of medication at this time? Yes No

If yes, what: _____

Do you ever gamble (Video Poker, Lottery, Cards, Bingo, etc.)? Yes No

Do you use the Internet? Yes No If yes, primarily for _____

Substance Use:

Alcohol Yes No Amount/Frequency _____

Marijuana Yes No Amount/Frequency _____

Other Non-prescription drugs _____

7. Indicate ethnic group with which you most identify (optional):

- African American
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Caucasian/white
- Hispanic

8. Brief description of what brings you here today:

