CLIENT INTAKE FORM

At Ease is a non-profit organization therefore we are unable to take on workers' compensation cases. If you have retained a workers' compensation attorney; filed a workers' compensation claim; or plan to file a workers' compensation claim, we will be unable to provide services.
Please refer to your Workers' Compensation Policy and Medical Provider Network.

Client Name _____

Address, City, State, Zip

_____

Best phone number to reach you _____ ☐ Cell ☐ Work ☐ Home

Email address _____

Name of First Responder (if different than above) _____ Relationship _____

Employer _____

Job Title _____ ☐ Sworn ☐ Non-Sworn

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Domestic Partner ☐ Widowed How long? _____

Emergency Contact _____ Phone (Cell) _____

Phone (Home) _____ Relationship _____

Names of children and ages _____

_____

Are you involved in any litigation? ☐ YES ☐ NO (please refer to the note at the top of this form)

Are you involved in a Workers' Comp Claim? ☐ YES ☐ NO (please refer to the note at the top of this form)

Are you seeing a physician, psychiatrist, or doctor for a medical or mental health condition? ☐ YES ☐ NO

Briefly describe the condition and treatment:

_____

_____

_____

_____

Name of primary care physician _____ Date of last exam _____

Current medications (including non-prescription)

_____

_____

CLIENT INTAKE FORM

Have you ever received mental health counseling or substance use treatment in the past? ☐ YES ☐ NO

Describe any significant mental health history in your family of origin:

_____

_____

_____

_____

Primary Reason(s) for Counseling

☐ Addictive Behavior	☐ Suicidal thoughts	☐ Medical concerns	☐ Spiritual/religious
☐ Anger	☐ Domestic violence/abuse	☐ Financial concerns	☐ Individual Growth
☐ Anxiety	☐ Disciplinary Issue	☐ Grief/Bereavement	☐ Career/Work
☐ Stress	☐ Legal/criminal	☐ Marriage	☐ Retirement
☐ Depression/Sadness	☐ Supervisor referral	☐ Separation/divorce	
☐ Critical Incident	☐ Disability	☐ Children	

☐ Other _____

Describe your chief complaint/concern for which you seek counseling

_____

_____

_____

Client Signature_____ Date _____

For Minor Clients

Parent/Legal Guardian (print)	Relationship	Signature	Date
Parent/Legal Guardian (print)	Relationship	Signature	Date