CompEAP
we are comprehensive

Client Intake Form

Client Name:	Intake Date:
Client's Company Name:	
Client's Company Location (City & State):	
Clinician Name:	Clinician Phone:
Clinician Mailing Address:	

Job Category:
- ☐ Hourly
- ☐ Management
- ☐ Professional
- ☐ Family Member
- ☐ Unknown

Effect problem has on work:
- ☐ Great Effect
- ☐ Moderate Effect
- ☐ Slight Effect
- ☐ No Effect
- ☐ Not Applicable

Problem Category: Check all that apply and ***CIRCLE*** the primary problem.
- ☐ Bereavement
- ☐ Chemical Dependency
- ☐ Chemical Dependency Family
- ☐ Depression
- ☐ Eating Disorder
- ☐ Family/Children
- ☐ Family/Marital
- ☐ Gambling
- ☐ Medical Issues
- ☐ Psychiatric
- ☐ Medical Issues
- ☐ Relationship Issues
- ☐ Stress Anxiety
- ☐ Work/Interpersonal
- ☐ Work/Overload
- ☐ Work/Performance
- ☐ Work/Career

Disposition:
- ☐ EAP only
- ☐ Day Treatment/Intensive Outpatient
- ☐ Referral Declined
- ☐ Inpatient
- ☐ Outpatient (Either through insurance or private pay)
- ☐ Self Help
- ☐ Unknown
- ☐ Other:

Please comment below on any *notable* client presentation matters (e.g. late to session(s); remarkable appearance issues; aggressive behaviors; disorientation; etc.):

Form can either be mailed to Comprehensive EAP, 4 Mount Royal Ave, STE 310, Marlborough, MA 01752, faxed to 774-463-3455 or emailed to billing@compeap.com