FIU | Office of Employee Assistance

Background Information

Date	Last Name	First Name	M.I.

Employee ID Number	Work/Campus Address	MMC ☐ Wolfsonian ☐ BBC ☐ Pines ☐	Work Phone	OK to Leave Message Y ☐ N ☐

Department	Job Title	Hire Date

Home Address

Home Phone	OK to Call? Y ☐ N ☐	OK to send Evaluation Form Y ☐ N ☐	Send Evaluation Form to Home ☐ Office ☐

Cell Phone	OK to Call? Y ☐ N ☐	*Email Address:	OK to Send Message? Y ☐ N ☐

Gender M ☐ F ☐	Birth Date	Employee Name (for family member)

Health Insurance Provider	Relationship to Employee

Emergency Contact Information: (Name, Telephone Number, Relationship)

Heard About OEA

- Company Intranet ☐
- Company Literature ☐
- Contact with Director ☐
- Peer ☐
- OEA Orientation ☐
- Human Resources ☐
- Other ☐
- Supervisor ☐
- Prior OEA ☐
- Relative ☐
- Seminar ☐

Ethnicity

- Native American ☐
- Asian ☐
- Black ☐
- Caucasian ☐
- Hispanic ☐
- Pacific Islander ☐
- Other _____

Group

- Faculty ☐
- A&P ☐
- USPS ☐
- OPS ☐
- Other _____

Education

- Grade ☐
- Junior High ☐
- High School ☐
- Some College ☐
- Bachelor's ☐
- Master's ☐
- Doctoral ☐
- Other _____

Employee Status

- Full Time ☐
- Part Time ☐
- Other _____

Relationship Status

- Married ☐
- Divorced ☐
- Widowed ☐
- Separated ☐
- Single, never married ☐
- Domestic Partner ☐
- Other _____

Referral Type

- Self ☐
- Self/Supervisor ☐
- Supervisor ☐
- Mandatory ☐
- Other _____

What are the reasons that you decided to make an appointment?

* Please note that confidentiality cannot be assured for communication through email.

Please Turn Over

PROBLEMS

Check which of the following performance areas have been impacted:

Attendance	☐	Quality	☐	Relationships	☐	Safety	☐	Concentration	☐
Punctuality	☐	Consistency	☐	Attitude	☐	Energy	☐	Attention to Detail	☐

PLEASE PLACE A CHECK BY THE AREAS BELOW THAT APPLY TO YOU AT THE PRESENT TIME.

Addiction
Alcohol Related
Alcohol, Self
Compulsive Gambling
Computer Addiction
Drugs, Related
Drugs, Self
Eating Disorders
Sex, Self
Other _____

Environmental
Financial Planning
Financial Problem

Health
Diet
Medical/Physical
Smoking Cessation
Other _____

Legal
Civil Matter
Criminal Matter
Immigration
Other _____

Other
Relocation Issues
Bereavement
Career
Homeless

Psychological
ADD/ADHD
Anger
Depression/Anxiety
Psychiatric Disorder
Self Concept/Esteem
Stress
Trauma

Relationships
Divorce/Separation
Domestic Violence
Eldercare
Extended Family Conflicts
Family Conflicts
Marital/Domestic Partner Conflict
Parent/Child Issues
Other _____

Work Related
Disability Management
Disciplinary
Employment Termination
Harassment, Other
Inappropriate Behavior
Job Management
Job Performance
Peer
Sexual Harassment Victim
Sexual Harassment Perpetrator
Student Issues
Superior
Other _____

Thank you for completing this Intake Form. Please give it, and the signed Statement of Understanding to the employee assistance clinician.

For Administrative Use
Case Number