

CLIENT BACKGROUND INFORMATION FORM

Name: _____ Today's Date: _____

Date of Birth: _____ Gender: _____ Health Plan: _____

Employee Name (if family member is Client): _____

Department: _____ Work Address: _____ MMC ___ BBC ___ Other ___

Job Title: _____ Hire Date: _____ Employee ID # _____

Home Address: _____ City: _____ FL Zip: _____

Work Phone: _____ May OEA leave a message? Yes ___ No ___

Work Email: _____ May OEA leave a message? Yes ___ No ___

Cell Phone: _____ May OEA leave a message? Yes ___ No ___

Personal Email: _____ May OEA leave a message? Yes ___ No ___

Emergency Contact Name/Relationship: _____

Phone: _____

Demographics: Please mark "X" in the most applicable space to the right of the choices per category.

Referral Type: Self ___ Supervisor ___ Mandatory ___ Not Applicable/Family Member ___

Employee Type: Faculty ___ Staff ___ Retired ___ Not Applicable/Family Member ___

Employee Status: Full-time ___ Part-time ___ Retired ___ Not Applicable ___

Heard About OEA: Peer ___ Supervisor ___ OEA Orientation ___ OEA Training ___
HR staff ___ FIU Website ___ FIU Literature ___ OEA Director ___ Prior OEA ___ Relative ___

Ethnicity: African American / Black ___ Asian ___ Bi-racial ___ Caribbean ___ Caucasian ___
Hispanic ___ Native American ___ Pacific Islander ___

Education Level: Grade School ___ Middle School ___ High School ___ Some College ___
Bachelor's Degree ___ Masters' Degree ___ Doctoral Degree ___ Or _____

Relationship Status: Married ___ Separated ___ Divorced ___ Widowed ___ Engaged ___
Domestic Partner ___ Single, never married ___ Or _____

Work Performance Affects: Attendance ___ Attitude ___ Concentration ___ Consistency ___
Energy ___ Follow Through ___ Peer Relationships ___ Punctuality ___ Quality of Work ___
Safety ___ Supervisor Relationship ___ Or _____

Presenting Concerns: Please mark "X" in the most applicable space to the right of the choices per category.

Addiction: Alcohol, Loved One ___ Alcohol, Self ___ Drugs, Loved One ___ Drugs, Self ___ Eating Disorder ___ Gambling ___ Sexual Compulsivity ___ Video Gaming ___

Health: Diet ___ Medical/Physical ___ Tobacco Cessation ___ Or _____

Legal: Civil Matter ___ Criminal Matter ___ Immigration ___ Or _____

Psychological: ADD/ADHD ___ Anger ___ Anxiety ___ Depression ___ Grief / Loss ___ Self-Esteem ___ Stress ___ Trauma ___ Or _____

Relationships: Divorce / Separation ___ Domestic Violence ___ Elder Care ___ Extended Family Conflict ___ Marital / Partner Conflict ___ Parent / Child Conflict ___ Or _____

Wellness: Career ___ Debt ___ Financial Planning ___ Homeless ___ Relocation ___ Food Insecurity ___ Or _____

Work Related: Career Coaching ___ Disability Management ___ Disciplinary Concerns ___ Harassment ___ Intimidation ___ Job Performance ___ Management Consultation ___ Peer Conflict ___ Sexual Harassment ___ Student Issues ___ Supervisory Conflict ___ Termination ___ Values / Ethical Conflict ___ Workplace Training Consultation ___

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

The OEA Student Assistant may create reminders about future meetings. What is your preference?

- Call or voicemail to: _____
- E-mail reminder to: _____
- No reminders necessary.

At the completion of your sessions and or assistance with the OEA, you may participate in a client satisfaction survey which is delivered via email by the FIU REDCap electronic data capture software program. Survey Participation: Yes _____ No _____

To ensure your privacy, please indicate the email address in the space below for the survey to be sent should you wish to participate.

Thanks for your consideration.