



Client Case Opening

112 Washington Place
Chatham Center Two – Suite 400
Pittsburgh, PA 15219
412-647-3698 or 1-800-647-3327
412-647-9484 Fax

Date:	Case Number:
Counselor:	
Counselor's Phone #	

Client First Name _____ MI _____ Last _____

Employee's First Name _____ MI _____ Last _____

Address _____ City _____ State _____ Zip _____

Birth date ___/___/___ Company _____

Ethnic Background

Caucasian African American Hispanic

Native American Asian Bi-Racial Other

Insurance Type _____

Statement of Understanding Signed Yes ___ No ___

To be completed by counselor:

Please complete all 6 sections prior to faxing form

1 Indicate (1) for primary presenting problem
Indicate (2) for secondary present problem

Abuse / Addiction of Client

- Alcohol Abuse
- Drug Abuse
- Gambling
- Internet
- Sexual
- Abuse other

Family

- Family Conflict
- Child
- Teen
- Parent/Child Relationship
- Domestic Violence
- Reaction to Illness
- Living w/ Abuse or Addiction
- Living w/ Emotional Problem
- Family Other
- Eldercare

Marital/Relationship

- Marital/Relationship

Emotional Problems

- Depression
- Anxiety
- Grief
- Emotional Other

Trauma & Abuse

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Post Traumatic Stress
- Trauma Other

Work Related

- Relationship w/ co-workers
- Relationship w/ Supervisor
- Work Place Violence
- Harassment
- Job Performance
- Work Stress
- Work Related Other

Medical Condition

- Medical Condition

Financial

- Financial Planning
- Debt
- Financial Other

Legal

- Legal

Other

- Eating Disorder
- Stress
- Career Concerns

2 How is this affecting employee's job?
(Check all that apply)

- Absent
- Tardy
- Safety Violations
- Problems Relating to Other Employees
- Quality/Quality of Work Decreased
- Workers Comp Case
- Alcohol/Drugs Suspected on the Job
- Theft
- Other
- N/A Family Member
- No Problems

3 Work days missed in the past 12 months:
(Circle One)

0 1-5 6-10 11-15 16+

4 **C/D Screen**
 Yes No No Indicator

5 **Lethality Risk**
 Yes No No Indicator

If yes, Staffed with Care Mgr. _____

6 **GAF at Open:** _____

Intake date: _____

This form must be submitted within 72 hours of initial session. Fax 412-647-9484