

**Intake**

**I. Job Title**

**II. Type of Contact** (check one):

- Self    Supervisory    Mandatory    Fitness for Duty

**III. Reason for Contacting EAP:**

**IV. Strengths and Resources:**

**V. Risk Assessment** (when applicable): Please mark U, M, or H for “Unremarkable,” “Moderate,” or “High Risk.”

- |   |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|
| A. Alcohol/Other Drug/Prescription Use  | <input type="checkbox"/> U | <input type="checkbox"/> M | <input type="checkbox"/> H |
| B. Lethality (Suicide/Homicide)         | <input type="checkbox"/> U | <input type="checkbox"/> M | <input type="checkbox"/> H |
| C. Domestic Violence (past and present) | <input type="checkbox"/> U | <input type="checkbox"/> M | <input type="checkbox"/> H |

**Explanation:** (Please add for any risk indicated above.)

**VI. Presentation:** (Place an X next to remarkable areas; insert comments only as applicable.)

- |  |                                     |   |                                      |
|--|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Unremarkable              | <input type="checkbox"/> Appearance | <input type="checkbox"/> Behavior                 | <input type="checkbox"/> Mood/Affect |
| <input type="checkbox"/> Orientation               | <input type="checkbox"/> Insight    | <input type="checkbox"/> Intellectual Functioning | <input type="checkbox"/> Memory      |
| <input type="checkbox"/> Thought Content/Processes | <input type="checkbox"/> Speech     | <input type="checkbox"/> Judgment                 |                                      |

Remarks/Explanation:

**VII. Assessed Problem/Impression of Problem** (should be the same as entered into Daybreak):

**VIII. Current GAF:**

**Solution Planning**

**I. Specific Goals**

**II. Plan**

**III. Red Flag?**    Yes    No

**IV. If yes, staffed with clinical supervisor?**    Yes    No    N/A

**V. Next Appointment**

**VI. Number of Sessions in EAP**

**VII. Client Comment Upon Plan**

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII. Case Review Notes**