

American Counseling & Training, Inc.

Intake Form

Thank you for contacting *American Counseling & Training, Inc.*, Employee Assistance Programs. We are here to assist you with worksite and domestic concerns. *All information* you disclose to us is confidential and is disclosed only when you sign a *Release of Information* form. You may either FAX this form prior to our conversation or at the time we discuss your concerns.

Name: _____ **Phone:** _____ **Date:** _____

Address: _____ **State:** _____

Please identify your concerns below and what questions or concerns we can support you with today:

Drug Usage/Treatment History

Alcohol ___ Daily ___ Weekly ___ Monthly Treat Hx _____

Marijuana ___ Daily ___ Weekly ___ Monthly Treat Hx _____

Cocaine ___ Daily ___ Weekly ___ Monthly Treat Hx _____

Meth ___ Daily ___ Weekly ___ Monthly Treat Hx _____

Heroin ___ Daily ___ Weekly ___ Monthly Treat Hx _____

**Prescription
Meds** ___ Daily ___ Weekly ___ Monthly Treat Hx _____

Other ___ Daily ___ Weekly ___ Monthly Treat Hx _____

Mental Health Stressors/Concerns

Concerns With: Job Expectations ___ Co-Worker(s) ___ Domestic ___ Family ___

Employee Relations Concerns

Worksite Violence ___ **Discrimination** ___ **Sexual Harassment** ___ **Other** ___

Other Questions, needs, concerns, etc.
