

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 Name: _____

Employee's First Name: _____ MI: _____ Last Name: _____

Client Date of Birth: _____ Name of Insurance: _____

Ethnic Background:

- Caucasian African American Hispanic
- Native American Asian Biracial Other

Appointment offered (check one)

- Routine – within 5 business days
- Urgent – within 2 business days
- Emergent – same day

To be completed by the counselor:

Please complete all 6 sections prior to faxing form.

1 NOTE: Only mark 1 once and 2 once
Indicate (1) for primary presenting problem
Indicate (2) for secondary presenting problem

Abuse/Addiction of Client

- Alcohol Abuse
- Drug Abuse
- Gambling
- Internet
- Sexual
- Abuse Other

Work Related

- Relationship w/Co-workers
- Relationship w/Supervisor
- Workplace Violence
- Harassment
- Job Performance
- Work Stress
- Work Related 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
- Elder Care

Medical Condition

- Medical Condition

Financial

- Financial Planning
- Debt
- Financial Other

Legal

- Legal

Other

- Eating Disorder
- Stress
- Career Concerns

Marital/Relationship

- Marital/Relationship

Emotional Problems

- Depression
- Anxiety
- Grief
- Emotional Other

Trauma and Abuse

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

2 How is this affecting employee's job?

(Check all that apply.)

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

3 Workdays missed in the past 12 months due to presenting problem:

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

4 Chemical Dependency Screen:

- Yes No No Indicator

5 Lethality Risk:

- Yes No No Indicator

If yes, staffed with care manager: _____

6 GAF at Open: _____

Statement of Understanding signed? Yes Intake Date: _____
 No

This form must be submitted within 72 hours of initial session. Fax it to 412.647.9484.