MEDICINE | University Health Services

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EAP PSYCHOLOGICAL SERVICES

CLIENT HISTORY FORM

Please answer the following questions that are relevant to you and/or to the current situation that prompted you to seek services.

Name _____ Banner ID _____ Date _____
Phone Number _____ May we call and leave a voice message? Yes _____ No _____
Email _____ May we email you? Yes _____ No _____
Date of Birth _____
Relationship Status:
____ Single ____ Separated ____ Married ____ Divorced
____ Widowed ____ Cohabitating (Living with a partner)
Number of Children _____
Employer _____ Job Title _____
Current employment status:
____ Full Time ____ Part Time ____ Suspended
____ On leave/disabled ____ Other _____
How long have you been employed by your current employer? _____
Are you an Oklahoma State University benefit eligible employee? Yes _____ No _____
Were you referred for a work performance problem? Yes _____ No _____
Who recommended you seek services?
____ Myself ____ Supervisor/Management
____ Human Resources ____ Family Member or Friend (please specify): _____
____ Other (please specify): _____

Primary Reason for Seeking Service

What concern motivated you to seek EAP services?

_____
_____

What would you like to accomplish as a result of coming here?

_____
_____

Overall, how serious is this problem for you?
____ Not Very Serious ____ Somewhat Serious ____ Very Serious

CURRENT Distressing Symptoms and Problems

(Please check all that apply)

____ Sleeping too little or too much.
____ Chronic tiredness or low energy level
____ Problems with food or weight
____ Feelings of inadequacy or loss of self-esteem
____ Decreased productivity or effectiveness at school/work/home
____ Decreased attention, concentration, or ability to think clearly to the point it affects your job performance
____ Withdrawing from friends and family
____ Loss of interest or enjoyment in pleasurable activities
____ Excessive anxiety, panic attacks, or phobias
____ Repetitive thoughts (obsessions) or behaviors (compulsions)
____ Problems with anger or irritability
____ Abnormally elevated energy or activity levels that you can't control
____ Chronic pain
____ Feelings of hopelessness
____ Unusual tearfulness or crying episodes
____ Thoughts of killing yourself or others
____ Problems related to alcohol or other drugs
____ Relationship problems that cause significant distress
____ Loneliness
____ Recent death or trauma
____ Legal issues
____ Other (please specify):

_____
_____
_____

Mental Health History

Please list any psychiatric or mental health diagnoses you have received in the past.

_____

_____

_____

What counseling or treatment are you in now or have you had in the past?
(please check all that apply)

____ Psychiatrist or other medical provider who prescribed medication
____ Psychologist or other Mental Health Counselor services
____ Social Worker or Case Management Services
____ Church Counselor or Faith-based counseling
____ Inpatient treatment or hospitalization
____ Psychological evaluation
____ Other counseling, therapy programs, or alternative care treatments for mental health reasons (please specify):

_____

_____

CURRENT and PAST SUBSTANCE Use

Caffeine: Yes _____ No _____ (If yes, describe) _____
Tobacco: Yes _____ No _____ (If yes, describe) _____
Alcohol: Yes _____ No _____ (If yes, describe) _____
Marijuana: Yes _____ No _____ (If yes, describe) _____
Street drugs: (i.e., LSD, cocaine, ecstasy, meth, K-2, inhalants, heroin, other):
Yes _____ No _____ (If yes, describe) _____

MEDICAL History

List past and present medical/health concerns or conditions.

_____

_____

_____

List any medications you are currently taking.

_____

_____

_____

FAMILY History

Family mental health conditions: Yes _____ No _____
(If yes, describe) _____

_____

Family history of medical health conditions: Yes _____ No _____
(If yes, describe) _____
Family history of substance abuse/addictions: Yes _____ No _____
(If yes, describe) _____
Family history of abuse/trauma: Yes _____ No _____
(If yes, describe) _____

Is there anything else the EAP provider needs to know about you or your situation?

_____

_____

_____

_____

_____

_____