

HARMONY HEALTHCARE EAP DATA FORM FOR OUTSIDE PROVIDERS

Patient Name:

Date of Birth:

Employee Name:

Employer/Insurance:

Relationship to Employee:

Property:

Presenting Condition:

Family/Relationship
 Work Related

Depression
 Anxiety
 ADD/ADHD
 Substance Abuse
 Gambling

Other
Specify _____

Gender

Male
 Female

Ethnic Background

African American
 Native American
 Asian/Pacific Islander
 Caucasian
 Hispanic
 Other

Education Level

Grade School
 Some High School
 High School Diploma
 Some College
 College Degree
 Graduate School Degree

Age

Under 25
 25 -34
 35 - 44
 45 - 54
 55 +

Employee Job Classification

Admin/Mgmt
 Labor/Manufacturer
 Guest Services
 Operations/Maintenance
 Banquets
 Bartender
 Cook
 Food
 Kitchen Worker
 Pantry/Trainee
 Hostess
 Busser
 Cocktails
 Bellperson
 Housekeeper
 Dealer
 Casino Floor
 Musicians
 Stagehands
 Other: Specify _____

Marital Status

Married
 Never Married
 Separated
 Divorced
 Widowed
 Cohabiting

Shift PT / FT

Days
 Swing
 Grave
 Seasonal
 On Call