

Henderson Consulting & EAP Services

Intake Sheet

Name:			
Address:			
City:	State:	ZIP:	SSN:
Date of Birth:	Age:	Phone:	Alternate Phone:
Ethnic Background:		Marital Status:	
Email (If provided, all correspondence will be done through email):			
Education Level & Last School Attended:			
Company Name:		Worksite Location:	
Position:		Department:	
Date of Hire:		Annual Salary:	
How did you find out about EAP:		Were you required to come to EAP:	
Referred by:		Is your job performance affected:	
If so, what is the performance problem:			

Tell us why you are here:

Signature

Date