

**CLIENT "EAP" INTAKE FORM
EMPLOYEE ASSISTANCE PROGRAM**

Names:		On EAP Policy	SS #	Gender	Age	DOB
	Father					
	Mother					
	Child 1					
	Child 2					
	Child 3					
	Child 4					

Clients Address:		Home Phone	
		Cell	
		E-Mail	

EAP INFO	EAP INSURANCE PROVIDER		
	ADDRESS		
	ADDRESS		
	PHONE		
	1. AUTHORIZATION NUMBER: 2. # AUTHORIZED VISITS: 3. DATES COVERED	<hr/> <hr/> <hr/>	

PLEASE NOTE: EAP insurance providers are different from your regular insurance providers. The above information normally can be acquired from your human resources department. You may be given paperwork or e-mails to forward to our office. We must have this information to provide EAP services to you or your family members. Thank you for your help in this matter.

Billing:	For any EAP related questions please contact Tami (214) 908-7137
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