

OPEN DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HDC CASE OPENING DATA SHEET**

COMPANY NAME: \_\_\_\_\_

CLIENT FIRST NAME: \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE FIRST NAME: \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ JOB CATEGORY/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Y/N OK to call? HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Y/N OK to call? CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Y/N OK to call?

**EDUCATION:**

- 1\_\_ 8 grades or under
- 2\_\_ 9<sup>th</sup> through 11<sup>th</sup>
- 3\_\_ H.S. Graduate
- 4\_\_ Some College
- 5\_\_ College Graduate
- 6\_\_ Advanced Degree

**ETHNIC BACKGROUND:**

- 1\_\_ Caucasian
- 2\_\_ African American
- 3\_\_ Hispanic
- 4\_\_ Native American
- 5\_\_ Asian
- 6\_\_ Other

**GENDER:**

- 1\_\_ Male
- 2\_\_ Female

**MARITAL STATUS:**

- 1\_\_ Single
- 2\_\_ Married
- 3\_\_ Divorced
- 4\_\_ Separated
- 5\_\_ Widowed
- 6\_\_ Living w/Someone

**CASE WAS OPENED ON:**

- 1\_\_ Employee Only
- 2\_\_ Employee & Family Member
- 3\_\_ Family Member Only
- 4\_\_ Other

**REFERRAL SOURCE:**

- 1\_\_ Supervisor Formal
- 2\_\_ Supervisor Recommendation
- 3\_\_ Medical Doctor
- 4\_\_ Self/Family/Peer
- 5\_\_ Other

**FOR FORMAL REFERRAL ONLY:**

Supv's Name: \_\_\_\_\_  
Supv's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**WORK STATUS:**

- 1\_\_ Faculty
- 2\_\_ Family Member
- 3\_\_ Staff

**STATUS:**

- 1\_\_ Full Time
- 2\_\_ Part Time
- 3\_\_ As Needed
- 4\_\_ Temporary
- 5\_\_ Family Member

**SHIFT:**

- 1\_\_ Days
- 2\_\_ Evenings
- 3\_\_ Night
- 4\_\_ Rotating
- 5\_\_ Other
- 6\_\_ Family Member

**LENGTH OF SERVICE:**

- 1\_\_ Under 1 Year
- 2\_\_ 1 - 3 Years
- 3\_\_ 4 - 6 Years
- 4\_\_ 7 - 9 Years
- 5\_\_ 10 - 15 Years
- 6\_\_ 16 or More Years
- 7\_\_ Family Member

**BEEN TO EAP BEFORE:**

- 1\_\_ Yes
- 2\_\_ No

**WORK PERFORMANCE PROBLEMS:**

- 1\_\_ Absent
- 2\_\_ Tardy
- 3\_\_ Safety Violations
- 4\_\_ Problems Relating to Other Employees
- 5\_\_ Quality/Quantity of Work Decreased
- 6\_\_ Workers Comp Case
- 7\_\_ Alcohol/Drugs Suspected on the Job/Pos Drug Test
- 8\_\_ Theft
- 9\_\_ Family Member
- 10\_\_ Other
- 11\_\_ NO PROBLEMS

**PERSONNEL ACTIONS**

**TAKEN:**

- 1\_\_ Employee was Counseled
- 2\_\_ Verbal/Written Warning
- 3\_\_ Suspension
- 4\_\_ Demotion
- 5\_\_ Termination
- 6\_\_ Resignation
- 7\_\_ NO ACTION TAKEN
- 8\_\_ Family Member
- 9\_\_ Other

**SELF REPORTED DAYS**

**ABSENT IN LAST 12 MONTHS:**

- 1\_\_ No Days
- 2\_\_ 1 - 5 Days
- 3\_\_ 6 - 10 Days
- 4\_\_ 11 - 15 Days
- 5\_\_ 16 + Days
- 6\_\_ Family Member

**HAVE YOU LOST TIME AT WORK DUE TO INJURY IN LAST 12 MONTHS:**

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Family Member

**PROBLEM PRESENTED BY CLIENT:**

- 1\_\_ Alcoholism
- 2\_\_ Alcohol Related (Family Member)
- 3\_\_ Drug Abuse or Other Addictions
- 4\_\_ Drug Related (Family Member)
- 5\_\_ Emotional
- 6\_\_ Family
- 7\_\_ Financial
- 8\_\_ Legal
- 9\_\_ Marital/Relationship
- 10\_\_ Work Related
- 11\_\_ Other/Please Explain: \_\_\_\_\_

**AWARE OF EAP FROM:**

- 1\_\_ Prior Participation
- 2\_\_ Newsletter Article
- 3\_\_ Posters
- 4\_\_ Payroll Stuffers
- 5\_\_ Brochures
- 6\_\_ Supervisor Suggested
- 7\_\_ Co-Worker Suggested
- 8\_\_ Family Suggested
- 9\_\_ In Service Training/ Orientation
- 10\_\_ Other

**MAY WE SEND A FOLLOW UP QUESTIONNAIRE TO YOUR HOME?**

- 1\_\_ YES 2\_\_ NO

**WHAT IS YOUR GOAL FOR TODAY?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revised  
03/30/2005