



Statement of Understanding

How do you make an appointment?

Appointments are scheduled directly with Northstar Employee Assistance Program, 906-225-3145.

How much does it cost?

The EAP benefit is provided by your employer. There is no charge for services provided by EAP counselors. The cost of any outside referrals is the responsibility of the client. Your insurance may cover a portion of the cost.

Who is eligible?

Employees, spouses and dependents.

What are the basic EAP direct services?

Problem assessment; brief non-medical counseling; referrals; follow-up.

Who will know about it?

Services are confidential between the EAP and the client unless the client agrees, in writing, to release information. In the case of a conjoint counseling, complete records are only released with the written consent of all parties. Exceptions: If a child abuse or neglect is alleged or suspected; if potential of physical harm to self or another's property or person; if disclosure is mandated by court order, specified by law; or if needed to defend the counselor/ agency in legal actions.

Your EAP benefit covers only non-medical or non-clinical interventions such as:

Marital issues, non-clinical depressions, interpersonal relations, stress, alcohol/ drug concerns, co-dependency, trauma, divorce adjustment, pre-retirement, child, family and parenting concerns, work problems, grief and loss.

Consent to treat

By my signature below, I certify I have read this form and give my informed consent to treatment as it has been explained to me in a manner or language, which I understand. I understand that I am responsible for all decisions made on my part from the counseling sessions. I was offered an opportunity to discuss all aspects of this form and any questions I had, have been answered. If I am consenting to treatment of a minor child, I certify that I have the proper legal authority to consent such treatment.

Acknowledgement

The Notice of Privacy Practices of Northstar Employee Assistance Program has been made available to me for my review. I understand that I may request a copy of this notice from my counselor.

Treatment is for: Myself Child Other

Client/ Representative Signature

Date

Parent/ Guardian

Date

Counselor/ Witness

Date

NORTHSTAR EAP
CONFIDENTIAL EAP INTAKE FORM

Date: _____

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Date of Birth: _____ Age: _____

Spouse's Name: _____ Date of Birth: _____

Name(s) of dependent children: _____ Date of Birth: _____ Age: _____

DO YOU WORK FOR A COMPANY THAT OFFERS EAP BENEFITS: **YES** **NO**

If you answered "**YES**", please complete the following:

What company do you work for? _____

Department? _____

If you answered "**NO**" to the question above and **do not** work for a company that offers EAP benefits, please complete the following:

Who is the employee that works for a company with EAP benefits: (Name) _____

How are you related to the employee? _____

What company does the employee work for? _____

**NORTHSTAR EAP & LIFE COUNSELING CENTER
HEALTH SCREENING QUESTIONNAIRE**

Client Name: _____

Rate your present state of health: Good Fair Poor

Allergies? Yes No Type(s) of allergies: _____

Currently receiving medical care? Yes No Name of Physician: _____

Please provide the name & dosage of prescription medications you use:

<u>Name of Medication:</u>	<u>Dosage (frequency /when used)</u>	<u>Condition Use For</u>
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Any communicable diseases? Yes No Please indicate disease: _____

Physical disabilities/limitations? Yes No What are they? _____

Please list any present or past medical problems (i.e. head injury, heart disease, diabetes): _____

Have you experienced a significant weight change in the last six months? Yes No How much? _____

Have you ever felt you should cut down on your drinking? Yes No

Have people annoyed you by criticizing your drinking? Yes No

Have you ever felt bad or guilty about your drinking? Yes No

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? Yes No

Non-prescribed drugs you use (legal/illegal)? _____ None _____

In the past two weeks on how many days did you drink any alcoholic beverages such as beer, wine or liquor?

<input type="checkbox"/> Nothing in the past year	<input type="checkbox"/> Nothing in the past two weeks	<input type="checkbox"/> One to three days
<input type="checkbox"/> Four to six days	<input type="checkbox"/> Seven to ten days	<input type="checkbox"/> Eleven to fourteen days

In the past two weeks on the days that you drank an alcoholic beverage, how many drinks did you have per day on the average? (circle one)

- | | | |
|----------------------------------|---------------|-------------------------|
| 1. Nothing | 3. One drink | 5. Three to four drinks |
| 2. Nothing in the past two weeks | 4. Two drinks | 6. Five or more drinks |

Have you ever felt the need to bet more and more money? Yes No

Have you ever had to lie to people important to you about how much you gambled? Yes No

Clinician Signature: _____ Date: _____

