



CLINICAL FILE

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| 1. Company Name: _____ Case Code: _____ | 2. Counsellor Name: _____ _____ |
| INTAKE ASSESSMENT Case Status at Assignment (Complete all categories) | |
| <p style="text-align: center;">Month / Day / Year</p> 3. Date received _____ / _____ / _____ 4. First telephone contact _____ / _____ / _____ 5. First appointment offered _____ / _____ / _____ 6. Frequency of use <input type="checkbox"/> New case <input type="checkbox"/> Repeat case 7. Client Status <input type="checkbox"/> Employee <input type="checkbox"/> Family Member <input type="checkbox"/> Retiree 8. Age _____ 9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | 10. Occupation _____ 11. Workplace Absence During Counselling <input type="checkbox"/> Medical Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Other _____ 12. Statement of Understanding <input type="checkbox"/> Signed (or verbal agreement) <input type="checkbox"/> Not signed. Reason _____ _____ _____ 13. Evaluation Form <input type="checkbox"/> Given to client <input type="checkbox"/> Not given. Reason: _____ _____ _____ |