



CLINICAL FILE

1. Company Name: _____ Case Code: _____	2. Counselor Name: _____ Barrington H. Brennen
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INTAKE ASSESSMENT
Case Status at Assignment
(Complete all categories)

<p style="text-align: center;">Month / Day / Year</p> <p>3. Date received _____ / _____ / _____</p> <p>4. First telephone appointment _____ / _____ / _____</p> <p>5. First appointment offered _____ / _____ / _____</p> <p>6. Frequency of use</p> <p><input type="checkbox"/> New case <input type="checkbox"/> Repeat case</p> <p>7. Client Status</p> <p><input type="checkbox"/> Employee <input type="checkbox"/> Family Member <input type="checkbox"/> Retiree</p> <p>8. Age _____</p> <p>9. Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>10. Occupation _____</p> <p>11. Workplace Absence During Counseling</p> <p><input type="checkbox"/> Medical Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Other _____</p> <p>12. Statement of Understanding</p> <p><input type="checkbox"/> Signed (or verbal agreement) <input type="checkbox"/> Not signed. Reason: _____ _____ _____</p> <p>13. Satisfaction Survey</p> <p><input type="checkbox"/> Given to client <input type="checkbox"/> Not given. Reason: _____ _____ _____</p>
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