

REACH EMPLOYEE INTAKE FORM

Date ____/____/____

_____/_____/_____
Name (first) M.I. (Last) / / /
DOB

(Check one) Employee ____ Family Member ____ Both ____

Address _____ City _____ State _____ Zip Code _____

S.S. # ____/____/____ email address: _____

Phone Numbers: *Work* (____) _____ ok to call *Home* (____) _____ ok to call

Cell (____) _____ ok to call Occupation _____

Health Plan _____

I have read and received the Privacy Act Information from REACH Staff.

Signature _____

What brings you to REACH today? (What can we help with?)

Education

- ____ 8th grade or under
- ____ 9th-11th
- ____ H. S. Graduate
- ____ Some College
- ____ College Graduate
- ____ Advanced Degree

Ethnic Background

- ____ Caucasian
- ____ African American
- ____ Hispanic
- ____ Native American
- ____ Asian
- ____ Other

Gender

- ____ Male
- ____ Female

Marital Status

- ____ Single
- ____ Married
- ____ Divorced
- ____ Separated
- ____ Widowed
- ____ Living w/someone

Referred by:

- ____ Supervisor (formal)
- ____ Supervisor (recomm.)
- ____ Medical Dept. /
Employee Health
- ____ Self
- ____ Other

Location:

- ____ Clermont College
- ____ Applied Science
- ____ East Campus
- ____ Raymond Walters
- ____ West Campus

Occupation:

- UC 925
- UC AFSCME
- UC Admin/Supv
- UC Data N/A
- UC Faculty/AAUP
- UC Faculty/Non-Rep
- UC Family
- UC Non-Rep
- UC IOUE

Work Status

- Full Time
- Part Time
- As Needed
- Temporary
- N/A Family

Shift

- Days
- Evenings
- Nights
- Rotating
- Other
- N/A Family

Length of Service

- >1 year
- 1-3 years
- 4-6 years
- 7-9 years
- 10-15 years
- 16+ years

Been to REACH before

- No
- Once
- Twice
- Three times
- Four times
- Five+ times

Work Performance Problems

- Absent
- Tardy
- Safety Violations
- Problems w/other workers
- Quality/Quantity of work
- Worker's Comp. Case
- Alcohol/Drugs on job
- Other
- None

Personnel Actions Taken

- Employee counseled
- Verbal/Written warning
- Suspension
- Demotion
- Termination
- Resignation
- Other
- No Action Taken

Days Absent in Past Year

- No days
- 1-5 days
- 6-10 days
- 11-15 days
- 15+ days
- N/A Family

Time lost due injury/past year

- Yes
- No
- N/A Family

Personal Problems

- Alcoholism
- Alcohol (family member)
- Other abuse or addiction
- Drug related (family)
- Emotional
- Family
- Financial
- Legal
- Marital
- Work Related
- No Personal Problem
- Other

Aware of REACH From:

- Prior Participation
- Newsletter Article
- Posters
- Payroll Stuffers
- Brochures
- Supervisor Suggested
- Co-Worker Suggested
- Family Suggested
- Training/Orientation
- Other

May We Send a Questionnaire to your Home?

- Yes
- No

Supervisor's Name

(Optional)

Supervisor's Number

MEDICAL

PLEASE LIST ANY MEDICATIONS (prescribed or over-the-counter) YOU ARE CURRENTLY TAKING

NAME OF MEDICATION	PURPOSE	DOSE/AMOUNT	FREQUENCY

DO YOU HAVE A PRIMARY CARE PHYSICIAN? YES NO

Name: _____

Phone Number: _____

May we contact the office: YES NO

HAVE YOU EVER BEEN HOSPITALIZED FOR MEDICAL OR PSYCHOLOGICAL ISSUES?
IF SO WHEN AND WHERE?

HOW WOULD YOU RATE YOUR HEALTH?(circle one) Excellent Good Fair Poor

DO YOU HAVE A FAMILY HISTORY OF SERIOUS MEDICAL/MENTAL HEALTH ISSUES?
IF SO, WHAT ARE THE CONCERNS?

DO YOU USE ALCOHOL, TOBACCO, CAFFEINE, OTHER RECREATIONAL DRUGS?

What: _____

How Long: _____

Frequency(daily, weekly) _____

Has it caused you any problems? _____

SOCIAL

(Circle One)

DO YOU LIVE: Alone with parents spouse/partner roommate

DO YOU HAVE SIBLINGS? ____ BROTHERS ____ SISTERS ____ ONLY CHILD

HOW MANY CHILDREN DO YOU HAVE? ____; Ages and Gender: _____

WHO DO YOU TURN TO FOR SUPPORT? _____

WHO ARE THE SIGNIFICANT PEOPLE IN YOUR LIFE? _____

ARE YOU INVOLVED IN ANY SOCIAL CLUBS, RELIGIOUS GROUPS OR SPORTS TEAMS? _____

HOW DO YOU HANDLE STRESS? _____

LIST 3 STRENGTHS YOU HAVE:

1. _____
2. _____
3. _____

LIST 3 LIMITATIONS AND/ORWEAKNESS:

1. _____
2. _____
3. _____

WHAT BEST DESCRIBES YOUR CHILDHOOD? (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> Two Parent | <input type="checkbox"/> Happy Childhood | <input type="checkbox"/> Family Death |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Unhappy Childhood | <input type="checkbox"/> Drug Use |
| <input type="checkbox"/> Relative Home | <input type="checkbox"/> Emotional/Behavior Problems | <input type="checkbox"/> Used Alcohol |
| <input type="checkbox"/> Foster/Adoptive | <input type="checkbox"/> Legal Trouble | <input type="checkbox"/> Abuse Issues |
| <input type="checkbox"/> State Facility | <input type="checkbox"/> Anger problems | <input type="checkbox"/> School Issues |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Bullied or Teased | <input type="checkbox"/> Money Issues |
| <input type="checkbox"/> Other (Please describe) | | |

WHAT IS YOUR GOAL FOR ATTENDING *REACH* ?

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO DO, THAT MAY HELP US TO ASSIST YOU BETTER?