Benedict ASSOCIATES LTD.

EAP Client Intake

Client Information

Name:	Today's Date: Day Month Year
Date of Birth: Day Month Year	☐Male ☐Female
Home Address:	
Email Address:	
Phone Numbers: provide two	

Employee Information

Employer:	Length of Employment:
Position/Title:	
Appointment For: ☐Employee ☐Dependent	
If Government - specify Ministry & Department:	

Additional Information

Ethnic Group: ☐Black ☐White ☐Asian ☐Mixed ☐Other ☐I prefer not to say
Immigration Status: ☐Bermudian ☐Spouse of a Bermudian/PRC Holder ☐Guest Worker
Home Living Situation: ☐Alone ☐If with others, who:
Relationship Status: ☐Single ☐Married ☐Divorced ☐In Significant Relationship ☐Other
Children: ☐ ☐No ☐Yes
If Yes, how many and their ages:
Emergency Contact: Phone Number:

Purpose of Visit

Appointments are 50 minutes in length.

Problem Area: ☐ Work ☐ Personal
Issue: ☐Behavioural ☐Change/Adjustment ☐ Communication/Conflict ☐Emotional Health ☐ Physical/Obligations ☐ Other
Referral Source: ☐ Self ☐Formal Management Referral ☐ Other
Prior Benedict Client: ☐ No ☐ Yes
If Yes: ☐Self Initiated ☐Formal Management Referral