

NORTHERN ARIZONA UNIVERSITY
OFFICE OF EMPLOYEE ASSISTANCE AND WELLNESS
INTAKE FORM

This section requests demographic and contact information about you.

Name:		Today's Date:	
NAU ID# (NAU employee only):		Date of Birth:	Age:
Education: <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> High School <input type="checkbox"/> Other:			
Home Address:			
City:		State:	Zip:
Phone:	(Cell)	(Work)	(Home)
What phone number would you like us to use (to reschedule an appointment or do follow-up contact?)			
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other (please indicate):			
In order to assess the effectiveness of our program and identify areas needing improvement, we would like to send you a Service Evaluation to be completed anonymously.			
Would you be willing to receive one? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate where you would like it mailed: <input type="checkbox"/> Work <input type="checkbox"/> Home			
<i>(Please check one):</i>			
<input type="checkbox"/> NAU employee (<i>please complete the next section:</i>)			
Position Title:			
Department/College:			
Campus Box #:		How long have you been at NAU?	
<input type="checkbox"/> Partner/Dependent/Child of NAU employee		<i>Name of NAU Employee:</i>	
<i>Please complete all questions:</i>			
Insurance Company:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Committed Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Do you have children: <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?	
Girls #:	Ages:	Boys #:	Ages:
Employee Classification:			
<input type="checkbox"/> Faculty <input type="checkbox"/> Classified Staff <input type="checkbox"/> Service Professional <input type="checkbox"/> Administrator <input type="checkbox"/> Academic Professional <input type="checkbox"/> Other			
Were you referred to the EAW by:			
<input type="checkbox"/> Self <input type="checkbox"/> Friend/colleague <input type="checkbox"/> Supervisor <input type="checkbox"/> Family Member <input type="checkbox"/> Other (please indicate):			
<i>Ethnic Background (optional):</i>			
<input type="checkbox"/> Asian <input type="checkbox"/> South Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Other:			
<i>If an emergency occurred, who would you like us to contact?</i>			
Name:		Relationship to you:	
Phone:			

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The following questions are helpful for your counselor to know as you begin the counseling process together. If a question does not apply to you, or you would prefer to discuss this in person with your counselor, you do not need to complete those questions.

Please indicate the main reason you are seeking assistance from the EAW office:

Have you ever sought counseling assistance in the past? Yes No

If yes, please indicate for what reason, when, and for how long you were in counseling:

Have you ever been hospitalized for alcohol/drug or emotional reasons? Yes No

If yes, please indicate for what reason, when, and for how long:

Please indicate any medical conditions your counselor should be aware of (high blood pressure, diabetes, hearing loss, etc.)

Please list any medication you take currently or have taken in the recent past (include any natural or herbal remedies):

Did you have any problems contacting the EAW office or setting up an appointment? Yes No

If yes, please explain:

Please complete this form, print, sign and bring to your appointment. We cannot accept this form electronically. Thank you.

Rev. 08/15

OFFICE OF EMPLOYEE ASSISTANCE AND WELLNESS CONSENT AGREEMENT

The information presented below will acquaint you with policies the EAW office has put in place to provide the best service possible.

Counseling Services

The Northern Arizona University Office of Employee Assistance and Wellness (EAW) is committed to assisting members of the employee community and their families in coping with problems in daily living.

Counseling and psychotherapy can have both risks and benefits. The counseling process may include discussion of your personal challenges and difficulties which can elicit uncomfortable feelings such as sadness, guilt, anger or frustration. However, counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic performance, solutions to specific problems and reductions in your feelings of distress. But, there is no assurance of these benefits.

Your counselor will work with you to create a wellness plan to guide the goals of our work, and you and your counselor will review it periodically. You have the right to refuse any treatment that is recommended, or to withdraw your consent to disclose confidential information at any time. If you wish to obtain information about your record, please ask your counselor.

The counseling services provided by EAW are free of charge for qualified NAU employees and dependents. If you are covered by the NAU Blue Cross/Blue Shield of AZ plan, you also have access to local counselors and psychotherapists through the Biodyne system and PPO providers.

Confidentiality

Communication between the EAW service provider and client is confidential, with four potential exceptions:

1. Electronic communication (email, texting, instant messaging) is not considered secure and so confidentiality is not ensured when utilizing these methods. EAW service providers prefer to limit this type of communication, and cannot commit to how quickly they respond to this type of communication.
2. This confidentiality may be waived by the client or legal guardian signing a separate release of information form.
3. There are certain circumstances in which the EAW provider is legally and/or ethically mandated to take action or provide information that waives the right of confidentiality. These circumstances include:
 - a. If a client poses a threat of a physical nature to another person, that person must be contacted and warned of the potential danger.
 - b. If a client is in danger of self-harm, actions which may require breaking confidentiality must be taken by the EAW service provider to ensure the safety of the client.
 - c. Release of confidential materials is required in situations of suspected child abuse including reporting the incident to the appropriate social service agency or law enforcement agency.
 - d. Release of confidential materials is required in situations of suspected elder abuse or abuse of any incapacitated or vulnerable adult including reporting the incident to the appropriate social service agency or law enforcement agency.
 - e. Confidentiality is waived if a client is using confidentiality as a means of avoiding legal punishment. That is, the EAW service providers may not aid or abet the perpetration of a crime.
 - f. Parents or guardians of minors (under age 18) are entitled to information communicated by their children in counseling. However, ethical standards require communication of information only in ways that will be helpful.
- Any action taken under these provisions will be discussed with you in full and in advance when possible.
4. To enhance service effectiveness, the EAW service providers consult with each other occasionally concerning individual client situations.
5. The EAW office employs undergraduate students to work on special projects in the office. These students do not have access to confidential clinical information. Please talk with your counselor if you have any questions or concerns about our student staff.

Release of Information

- 1) Pursuant to Arizona law, your next of kin, health care decision maker, or estate/trust administrator may be permitted access to your records in the event of your death unless you indicate otherwise.

Please INITIAL
your choice:

Yes – I consent to the release of my records as noted above.
No – I do not consent to the release of my records as noted above.

- 2) At times, the client or EAW service provider may wish to share information about the client’s counseling with another person. Before any information can be related to any individual, a Release of Information form that includes the date it expires must be signed by the client.

Appointments

Appointments are scheduled for 50 minutes and can be arranged by calling the office. Brief or extended appointments are offered when necessary. If you find it necessary to cancel or reschedule an appointment, we request 24-hour notification. If you are visiting the EAW office during normal work hours, we encourage you to communicate with your supervisor regarding accountability for your time away from the workplace.

Emergencies

The EAW office staff is available in case of an emergency only during regular work hours. The EAW office cannot provide emergency services after regular work hours, during vacations, holidays, or when the staff is ill. You will be provided with a list of community agencies that do offer after hour crisis services. If community resources are utilized, the client is responsible financially for services provided. The EAW office cannot take legal or financial responsibility for emergencies that occur outside regular work hours as noted above, and cannot take legal or financial responsibility for the services provided through community resources.

Medication

Medication is not provided. You and your primary care provider should make all decisions regarding medication. If you are covered by the NAU Blue Cross/Blue Shield of AZ plan, you also have access to local Biodyne and PPO psychiatrists who can assist you in making medication decisions. If you are covered by another NAU insurance plan, resources are provided under your plan.

Physical Examination

If you have not had a thorough physical examination in the past twelve months, it is strongly recommended that you do so, especially if concerns addressed in therapy have related physical symptoms.

EAW Office Records

We maintain a record of the services you receive from EAW in locked cabinets or in password protected electronic files that only our service professionals may access.

We are pleased you have chosen to utilize the NAU Employee Assistance and Wellness services and look forward to serving you. Please do not hesitate to ask the office staff any questions you may have! **Your signature on this document indicates you agree to the terms outlined above.**

Signature of Client

Date

EAW Service Provider

Date

Please complete this form, print, sign and bring to your appointment. We cannot accept this form electronically. Thank you.