

Frank Horton Associates, LLC
Employee Assistance Program
1-800-326-3864/Fax 919-850-9825

CLIENT INTAKE & ASSESSMENT FORM

Date Called _____

Type of Referral S ___ I ___ F ___ Supervisor _____

Client Name: _____ Company: _____

Client Issue: _____

Assigned Counselor: _____ Appointment Date & Time: _____

Session Location: _____

Presenting Issues: _____

Mental Status: _____

Family Composition/Social Support : _____

Medical/Psychiatric History: _____

Current Medications: _____

