

FSAP BMH CASE OPENING FORM

CLIENT FIRST NAME _____ (MI) _____ (LAST) _____ TODAY'S DATE: / /

EMPLOYEE FIRST _____ (MI) _____ (LAST) _____ DOB: / / AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT: _____ EMER. PHONE: (_____) _____ - _____

BEST CONTACT (_____) _____ - _____ Ext _____ Y/N OK to leave message? ALTERNATE PHONE #1 (_____) _____ - _____ Y/N ALTERNATE OK to leave message? ALTERNATE PHONE#2 (_____) _____ - _____ Y/N

What is your reason for seeking assistance today? _____

MAY WE SEND A FSAP CLIENT SATISFACTION SURVEY BY EMAIL? YES _____ NO _____ **or to your HOME ADDRESS?** YES _____ NO _____

Preferred Email Address _____

EDUCATION

- 1 Elementary/Middle School
- 2 High School
- 3 Some College/Technical School
- 4 Associate Degree/Tech Degree
- 5 Bachelor's Degree
- 6 Master's Degree
- 7 Doctoral Degree
- 8 Data Not Available

ETHNIC BACKGROUND

- 1 Asian/Pacific Islander
- 2 Black/African American
- 3 Hispanic/Latino
- 4 Native American Indian
- 5 White/Caucasian
- 6 Two or more Races/Ethnicities

GENDER

- 1 Male
- 2 Female
- 3 Transgender
- 4 Other
- 5 Data Not Available

MARITAL STATUS

- 1 Single/Never Married
- 2 Married
- 3 Divorced
- 4 Other Relationship Status
- 5 Separated
- 6 Widowed
- 7 Partners Living Together
- 8 Other
- 9 Data Not Available

NAME AND AGE OF CHILDREN:

REFERRAL SOURCE

- 1 Employee Health or HR
- 2 Medical Department
- 3 Self
- 4 Supervisor Facilitated
- 5 Supervisor Facilitated-Fitness for Duty
- 6 Dean or Provost Office
- 7 Aetna
- 8 Other
- 9 Data Not Available

EMPLOYEE'S DEPARTMENT

JOB TITLE

OCCUPATION/CODES (Check one)

- Executive Administrative & Mgmt. (Exec, Dean, Director, VP, Manager, Administrator, Supervisor)
- Academic Faculty (Professor, Assoc. Asst. Prof, Lecturer)
- Community Provider/Physician, EUHM
- SOM Resident or Fellow (House staff)
- Pastoral Counseling Services Resident
- Other Professionals (Nurse, PA, Researcher, Scientist, Finance, Attorney, Librarian, Chaplain)
- Staff (Healthcare Support, IT, Communications, Sports, Technical, Campus Life, Human Resources)
- Service Workers (Police, Safety, Security, Officer, Transportation, Parking, Food Service)
- Office/Clerical/Administrative Services (Admin Asst, Secretary, Acctg Asst.)
- Trades (Electrician, Painter, HVAC, Plumber, Carpenter, Building, Grounds and Maintenance (Landscaper, Custodian, Repair)
- Other (Affiliate employee, etc.)

Aetna Health Plan Y _____ N _____

Other: _____

WORK STATUS

- 1 Full Time
- 2 Part Time
- 3 As Needed
- 4 Temporary
- 5 Other
- 6 N/A Family Member
- 7 Data Not Available

SHIFT

- 1 Days
- 2 Evenings
- 3 Nights
- 4 Rotating
- 5 Other
- 6 N/A Family Member
- 7 Data Not Available

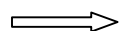
LENGTH OF SERVICE

- 1 Under 1 Year
- 2 1 - 3 Years
- 3 4 - 6 Years
- 4 7 - 9 Years
- 5 10 - 15 Years
- 6 16 or More Years
- 7 N/A Family Member
- 8 Data Not Available

AWARE OF FSAP FROM:

- 1 HR/FSAP Web site
- 2 Facebook/Twitter
- 3 Co-worker Suggested
- 4 Physician
- 5 Workshop/Training
- 6 Employee Orientation
- 7 Prior Participation
- 8 Poster/Flyer
- 9 Brochure
- 10 Employee Health
- 11 Other
- 12 Data Not Available

OVER



THIS SIDE FOR EMORY EMPLOYEES ONLY

Faculty Staff Assistance Program (FSAP) Emory University and Emory Healthcare

Pre-Assessment Survey Questions

FSAP strives to provide the best possible services to our clients. In an effort to evaluate the impact of our services, we would like for you to complete the five questions below to assess **how your presenting concerns (personal or work-related problems/stress) have impacted your work responsibilities during the last 30 days**. If you consent to complete this *confidential* survey and grant us permission to send a post client satisfaction survey, you will receive in approximately 60 days a tool that will incorporate post questions similar to the items listed below.

1. I had a hard time doing my work because of my presenting concerns.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

2. My presenting concerns kept me from concentrating on my work.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

3. Because of my presenting concerns I was not able to enjoy my work.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

4. My presenting concerns made me worry about completing my tasks.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

5. I could not do my job well because of my presenting concerns.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

Thank you for completing this survey.