

**Aetna EAP
Case Activity Form
Participant (page 1)**

PART I: EAP PARTICIPANT

Participant Instructions: Please print and complete ALL information.

YOUR EAP AUTHORIZATION #

PLAN SPONSOR (the corporate client, employer, company/division/location/department through which EAP services are available):

PARTICIPANT INFORMATION (person using EAP services)

Last Name(s): _____ First: _____ MI: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext: _____

Call Back Preference: Home Work No Call Back Other # _____

Participant Category: Self Spouse Child Unmarried Partner Other

Participant Gender: Female Male Undisclosed

DEMOGRAPHIC INFORMATION

Veterans' Benefits: Yes No

How did you learn about EAP? Word of Mouth Home Mailing Presentation Brochure Information Systems
 Newsletter Poster Other Undisclosed

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**Aetna EAP
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EMPLOYMENT INFORMATION (check all that apply)

Union Member: Yes No

Employee Hire Date: ____ / ____ / ____ Worksite Location: _____

*Supervisor Name: _____ *Supervisor Phone #: (____) _____

***Mandatory for supervisory referrals. Optional for other EAP services.**

FOR WHAT REASON ARE YOU SEEKING EAP SERVICES NOW? (check all that apply)

**I. Substance Abuse/
Dependence**

- Alcohol
- Drug
- Nicotine
- Another Substance Use/
Health Concern
- Other

II. Medical

- Medical Problem
- Change in Weight/Appetite
- Change in Sleep
- Medication Issues
- Withdrawal from
Substance Abuse
- Other

**III. Emotional/
Psychological**

- Anxiety
- Depression/Hopelessness
- Other Mood Disorder
- Phobia/Disturbance of
Thought/Unusual Fears
- Obsessions/Compulsion
- Gambling/Impulse
Control Disorder
- Eating Disorder
- Psychosis
- Hyperactivity
- Learning Disability
- Sexual & Gender Disorders
- Other

**IV. Psychological/
Environmental**

- Job/Occupational
- Financial
- Legal
- Child Care
- Elder Care
- Career/Retirement Planning
- Disability
- Marital/Relationship/Family
- Sexual/Physical Trauma
- Grief/Loss
- Health Issue
- Other

**May we mail our Member Satisfaction Survey
to you?**

Yes No

**If we need to follow up with you after receiving
your survey, may we phone you?**

Yes No

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