HUMANISTIC
COUNSELING CENTER

Humanistic Counseling Center
PO Box 24242
Cleveland, OH 44124
P: 216-839-2273
F: 216-896-0735

EAP Client Intake Form

Therapist: _____ Date:_____

Office Location or Telehealth: _____

Client Information:

Last Name: _____ First Name: _____DOB:_____

Street Address: _____City: _____Zip Code: _____

Phone Number: _____ Email: _____

Relationship to Employee: _____

EAP Employee Information:

Last Name: _____ First Name: _____DOB:_____

Street Address: _____City: _____Zip Code: _____

Phone Number: _____ Email: _____

EAP Information:

Name of EAP:_____ Employer Name:_____

Authorization Number: _____ Number of Sessions: _____

Effective Dates: _____

Primary Insurance Provider:_____

Secondary Insurance Provider_____