

**NORTHERN ARIZONA UNIVERSITY
OFFICE OF EMPLOYEE ASSISTANCE AND WELLNESS**

Please take a minute to fill out the information below. This information is confidential and requested of all individuals who access EAW services.

Today's Date _____

Name _____

NAU ID# (NAU employees only) _____ Date of Birth _____ Age _____

Educational Background: Doctorate Master's Bachelor's Other _____

Home Address _____

City, Zip _____

Phone: (Home) _____ (Work) _____

In order to assess the overall effectiveness of our program and identify areas needing improvement, we would like to send you a Service Evaluation (the information would be requested anonymously).

Would you be willing to receive one? Yes _____ No _____

If yes, please indicate where you would like it mailed: Work _____ Home _____

Preferred phone contact: Work ___ Home ___ Pager ___ Other ___ (Include # _____)

(This phone number would be used to contact you if it is necessary to reschedule an appointment or do a follow-up contact.)

(Please check one):

_____ NAU employee

_____ Partner/Dependent/Child of NAU employee (*please include the name of the NAU employee*):

(If you are the NAU Employee, please complete this section):

Department/College _____

Position Title _____ Work Box # _____

How long have you been at NAU? _____ Faculty _____ Classified Staff _____

Service Professional _____ Administrator _____ Academic Professional _____

(Please complete the remainder of this form):

Insurance Company: _____

Marital Status: Single _____ Married _____ Committed Partnership _____ Divorced/Separated _____

Do you have any children? Yes _____ No _____

If yes, how many? Girls # _____ ages _____ Boys # _____ ages _____

Ethnic Background (optional): Asian or South Pacific Islander _____ Caucasian _____
Black/African American _____ Native American/Alaskan Native _____ Hispanic _____
Other _____

Why did you decide to use the EAW office versus other options available for assistance? _____

Did you have any problems contacting the EAW office or setting up an appointment?

Were you referred to the EAW by: self _____ friend/colleague _____ supervisor _____
family member _____ other (*please indicate*) _____

Have you ever sought counseling assistance in the past? Yes _____ No _____
If yes, please indicate for what reason(s), when, and for how long you were in counseling:

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

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

Have you ever been hospitalized for alcohol/drug or emotional reasons? Yes _____ No _____
If yes, please indicate for what reason(s), when, and for how long: _____

Please indicate the main reason(s) you are seeking assistance from the EAW office: _____

If an emergency was ever to occur, who would you like us to contact?

Name _____

Address _____

Phone _____

Relationship to you _____

Thank you very much.