Case Manager Intake Form

CHESTNUT GLOBAL PARTNERS ■ 1003 MARTIN LUTHER KING DRIVE ■ BLOOMINGTON, ILLINOIS 61701 ■ PHONE: 800.433.7916 ■ FAX: 309.829.2744

CLIENT INFORMATION

Employee Social Security Number	Date of Birth	Intake Number	Business Unit	Company Name
___-___-___				

Employee Last Name	Employee First Name	Supervisor Name

Client Last Name	Client First Name	Relationship (circle one)		
		E= Employee	S=Spouse	D=Dependent

Spouse Last Name	Spouse First Name

Address	Client Home Phone

City	State	Zip Code	Client Work Phone

CASE MANAGER (AFFILIATE PROVIDER)

Counselor Name	Address	Office Phone	Fax Phone

PRIMARY PROBLEM (CIRCLE ONE)

PRIMARY PROBLEM (circle one)

AL=Alcohol	EM=Emotional	FM=Family	OC=Occupational	CO=Co-Dependency
AO=Addiction Other	ED=Depression	FS=School Problems	OP=Job Performance	GB=Gambling
CC=Career Counseling	EA=Aaxiety	FC=Children	OS=Conflict with Supervisory	ID=Identity Theft
DR=Drugs	ES=Stress	FE=Extended Family	OW=Conflict with Co-worker	MA=Marital/Relationship
EC=Eldercare	EG=Grief/Loss	MD=Medical	OL=Workload	PV=Partner Violence
FI=Financial	EV=Abuse	LG=Legal	OD=Job Dissatisfaction	WL=Work/Life
				OT=Other

CLIENT CONTACT SUMMARY

Method	Type	Date	Time	Minutes	Purpose

CLIENT CONTACT SUMMARY CODES

Contact Type	P=Personal	T=Telephone	C=Correspondence			
Contact Method	CA=Assessment	CF=Follow-up	CO=Case Other	NS=No Show	CX=Cancel	NT=Training
	NV=Site Visit	NE=Education	NA=No Case Admin	NO=Other		