${\bf MERCY\ EMPLOYEE\ ASSISTANCE\ PROGRAM-} Demographic\ Data\ Sheet$

| Name: | | Da | te: | Auth: | |
|---|--|--|-----------------------------------|---|--|
| Address: _ | | City: | St | ate/Zip: _ | |
| Date of Birt | h: Age | EAP Provided by | y what Company | ·? | |
| Home Phon | e: () W | ork Phone: () | Cell: | () | |
| 1. Are you | the employee? ☐ Yes. ☐ No, relation | onship to employee: 🗆 S | Spouse □ Parent | □ Child □ (| Other |
| • | supervisor refer you due to upervisor Name | - | |) | |
| DEMOGR | APHIC INFORMATION | | | | |
| Ethnicity: Caucasia Asian Afr. Am. Nat. Am. Hispanic Other | □ High School Gr□ Trade School□ Some College□ Undergrad Deg | □ Single ad □ Married □ Living T □ Separate ree □ Widowe | □ Ma □ Fe ogether d | ale = = = = = = = = = = = = = = = = = = = | Referred By: Self Family Medical Supervisor Other |
| | onal-Other onal Nursing Carpentor are Associate/NT Laborer | □ Co-Worler □ EAP Bro □ Employee □ Family Ment □ HR/Pers | chure/Poster = raining = Member = | Supervisor Supervisor | or Suggested or / Manager |
| Years Emp ☐ Under 1 ☐ 1-5 years ☐ 6-15 year ☐ 16-20 year | \Box 26 + years \Box N/A Family | y? | | | |
| Mercy Wid | le EAP: | | | | |
| ☐ Mercy-I | Health Center-OK City Health Center-OK City-Guthrie Health Center-OK City-Kingfisher Health Center-OK City-Parkview oplin Kansas-Fort Scott Kansas-Independence McCune Brooks Hosp-Carthage Memorial Ardmore | □ Mercy-Ministry Corporate □ Mercy-Ministry Laredo □ Mercy-Ministry New Orle □ Mercy-NW Arkansas-Rog □ Mercy-Springfield □ Mercy-Springfield-Aurora □ Mercy-Springfield Region □ Mercy-Springfield Region | ans ers al-Berryville | ☐ Mercy | v-Springfield Regional-Lebanon v-Springfield Regional-Rolla v-Springfield Regional-St. Francis v-St. Edwards-Fort Smith v-St. Johns Maude Norton-Columbus v-St. Joseph-Hot Springs v-St. Louis |