

**Faculty and Staff Assistance Program (FSAP)
Client Information**

Please complete the information requested below. Any information requested will be kept entirely confidential, and is solely for the use of FSAP staff. Thank you.

Name _____ *Date* _____

Home Address _____

Work Phone _____ *Is it ok to leave a message?* ___ Yes ___ No

Home Phone _____ *Is it ok to leave a message?* ___ Yes ___ No

Cell Phone _____ *Is it ok to leave a message?* ___ Yes ___ No

***E-mail is not a secure or confidential communication medium.** The university administration reserves the right to monitor e-mail use, therefore, this program does not guarantee that the contents of your e-mail will not be read inappropriately by anyone. Others might see the text of your messages. **During an emergency, e-mail is not recommended as a method to contact anyone at the Faculty and Staff Assistance Program (FSAP).** Your e-mail message may not be seen or responded to immediately.

Please check one:

_____ I **do not** give permission to be contacted by e-mail or by the FSAP staff.

_____ I **do** give permission to be contacted by e-mail or by the FSAP staff.

*E-mail Address** _____

Signature _____ *(authorizing use of your e-mail address)*

Please read the following statement carefully and sign on the designated line.

I understand the counseling/therapy I receive at the Faculty and Staff Assistance Program will be treated in a confidential manner. I further understand that there are possible exceptions to this which include situations whereby the psychologist or counselor determines that I may inflict harm on myself or others, or situations in which child abuse or elder abuse has taken place. The Faculty and Staff Assistance Program does **not** provide after-hours coverage. In case of emergency, please call 911 or the Boulder Mental Health Center at 303-447-1665. I have read and understand the above.

Signed: _____ **Date:** _____

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Are you? Full Time Part Time: Number of Hours/Week? _____

Are you? Faculty Staff Other: _____

In which area of the University do you work?

Student Affairs Administration and Finance
 Academic Affairs Systems Administration

What department? _____

What is your position? _____

Do you work/interact with students? Yes No
If Yes, what percent of your work time are you working with students? _____%

Please check the problem area(s) for which you are seeking help from FSAP:

Emotional/Psychological Legal
 Relationship Medical
 Substance Abuse Financial
 Work Related Supervisor Consultation
 Career Other (please identify) _____

Are you at risk of losing your job? Yes No

Have you been absent from work because of this problem? Yes No

Are you currently in counseling/therapy? Yes No

Have you had previous contact with FSAP? Yes No

How were you referred to FSAP? Self Peer Supervisor
 Outside the University Other: _____

Please describe yourself as fully as you feel comfortable (check as many as apply).

Age: _____ Date of Birth: _____

Gender: Female Male Transgender

Sexual Orientation: Gay or Lesbian Heterosexual Bi-Sexual

Race/Ethnicity – Please Check One:

African American Alaskan Native Arab American
 Asian American Chicano/a, Latino/a, Hispanic Native American
 Pacific Islander White/European American
 Multiracial (specify) _____
 International (specify) _____ Other _____

Do you have a disability? Yes No

If yes, please specify: _____