

SAMPLE INTAKE FORM

Date: _____

CLIENT INFORMATION:

Name: _____

Address and telephone:

Other telephone: _____

Date of birth: _____

Gender: Male or Female

Race/Ethnicity: _____

Language(s) spoken: _____

INFORMATION ABOUT EMPLOYER:

Name: _____

Address and telephone:

Total number of employees: 15+ 20+ 25+ 50+ 100+

Is the employer a contractor with a local government or the federal government? Yes or No

Are you still employed with this employer? Yes or No

Begin date: _____

End date: _____

Position:

Wages: _____/hour

Hours Worked Per Week: _____

Employment Contract? Yes or No

Employee Handbook Yes or No

Copy of Handbook? Yes or No

Applied for Unemployment? _____

Are you injured? Yes or No

If injured, what is the nature of the injury? _____

Date of Injury: _____

Workers Compensation Status: _____

Union? Yes or No

Name of Union, representative and telephone number:

EMPLOYMENT PROBLEM/SUMMARY OF SITUATION:

Use the space below to briefly describe the client's employment problem.

ADVICE GIVEN OR NEXT ACTION:

Name of Interviewer: _____