NAME OF COMPANY:	CLIENT #:	CHART NUMBER:
DATE:	STAFF INITIALS:	ENTERED:
	ATRIUM	HEALTH
	INTAKE SU	JMMARY
IAME: LAST	1	FIRST MIDDLE INITIAL
OTHER ATTENDEE NAME AND REL	ATIONSHIP TO EMPLOYEE)	
ESCRIPTION OF PRESENTING PR	OBLEMS (Check if applicable)	:
ADDICTION	v	VORK-RELATED
ALCOHOL, FAMILY ALCOHOL, SELF CO-DEPENDENCE DRUGS, FAMILY DRUGS, SELF ACOA GAMBLING INTERNET NICOTINE ENVIRONMENTAL CAREER DEVELOPME		ATTENDANCE JOB PERFORMANCE PRODUCTIVITY CAREER PATH/PROMOTION STRESS DUE TO WORK CONFLICT WITH PEER CONFLICT WITH SUPERVISOR INTERPERSONAL RELATIONSHIP WORK PLACE HARASSMENT POSITIVE DRUG SCREEN ONAL PROBLEMS ANGER
DISABILITY MANAGEI ELDER CARE FINANCIAL LEGAL CHILD CARE	MENT _	PSYCHOLOGICAL SELF CONCEPT/ESTEEM SCHOOL RELATED
RELATIONSHIP	н	EALTH
DIVORCE/SEPARATION DOMESTIC VIOLENCE FAMILY ISSUES/CON NON-FAMILY ISSUES/ GRIEF/LOSS MARITAL ISSUES/CO PARENTING SIGNIFICANT OTHER	FLICT /CONFLICT (i.e. friends) NFLICT	ANXIETY DEPRESSION STRESS (NOT WORK RELATED) EATING DISORDER SIGNIFICANT OTHER ISSUES MEDICAL/PHYSICAL
RIMARY PRESENTING PROBLEM	<u> </u>	
SSESSED PRIMARY PROBLEM:	<u></u>	
ASSESSED SECONDARY PROBLEM		
SERVICE TIME: Hour(s) Indicate time in 15-MINUTE interva	Minutes als)	NUMBER PRESENT:

NOTES:

Revised 2.7.2019