

TCTI The Counseling Team International

74-075 El Paseo A-16 Palm Desert, CA 92260

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Please fax or email forms to TCTI

To download new forms from TCTI website:

ADMISSION FORM - DEA/EAP Program

PRINT OR TYPE CLEARLY

Case #: _____

Therapist Name: _____

Type of Referral: Formal Self

Referral Date: _____

Client Name: _____

Client Gender: M F **DOB:** _____

Address: _____

Relationship: if not employee _____

Contact Phone: _____ **Marital Status:** Married Single Separated Divorced Widowed

Employee Name: _____

Current Address (If different) _____

Phone: _____ DOB: _____

Division: _____

Employment City: _____

EMPLOYEE JOB CLASSIFICATION:

___ Agent/Pilot	GS LEVEL: 1-5 _____
___ Technical/Clerical	6-10 _____
___ Professional/Admin.	11-15 _____
___ Diversion Investigator	
___ Chemist	Education Level _____
___ Intelligence Res. Spec.	Years of Service: _____

PROBLEM STATEMENT/SYMPTOM DESCRIPTION:

<i>Type of Problem check One only</i>	<input checked="" type="checkbox"/>	
Emotional	<input type="checkbox"/>	
Relationship/Family	<input type="checkbox"/>	
Occupational	<input type="checkbox"/>	
Substance Abuse	<input type="checkbox"/>	
Phase of Life Problems	<input type="checkbox"/>	

TREATMENT PLAN/GOALS:

