

**WORKPLACE REFERRAL FORM**

Referral documents should be maintained in a file separate from the employee’s personnel file.

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time with: a) company\_\_\_\_\_\_\_\_\_\_\_\_\_ b) current job\_\_\_\_\_\_\_\_\_\_\_\_\_ c) current supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISORY INITIATED**

**Reason for Referral** (circle all that apply)

**UNPROFESSIONAL BEHAVIOR ABSENTEEISM SAFETY**

Frequent or intense arguments Excessive absenteeism Safety violations or accidents

Verbal abusiveness/Rude Peculiar and improbable excuse for absence Self-reported alcohol/drug use

Policy violation Frequent sick leave or illness on the job Threatening or intimidation

Excessive lateness/leaves

**WORKPLACE PERFORMANCE**

Lower quality of work Impaired judgment or ability to concentrate Angry behavior or demeanor Increased errors

Decreased productivity Failure to follow procedures Diversity issues Sensitive to feedback Harassment

Erratic performance Significant work changes/challenges Poor communication

Comments relating to current workplace issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Improvement (What the employee must do to achieve satisfactory performance including time frame for improvements) and Consequences if improvement is not achieved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION/LIMITED DISCLOSURE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby authorize Advantage EAP to release to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the following information: assessment and treatment recommendations, scheduled appointments and attendance, compliance with recommendations.

Email to [nancysanty@psychhealthroanoke.com](mailto:nancysanty@psychhealthroanoke.com) or fax to Nancy Santy at 540-772-5158.

Company: Please call 540-777-7087 to schedule all supervisory initiated and mandated Advantage EAP referrals. Your employee will be scheduled within 3 days for all supervisor initiated and mandated referrals.