**Carilion EAP Referral Form**

**\*Please contact Carilion EAP immediately if employee expresses self-harm or harm to others\***

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| [ ]  **FORMAL: Work Performance OR** [ ]  **MANDATORY: Violence Risk**  |
| **Email form to:****EmployeeAssistanceProgram@carilionclinic.org****Fax form to: For EAP Consultation****540-981-8957 1-800-992-1931** |
| COMPANY/ORG: Click here to enter text. | DIVISON: Click here to enter text. |

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| Employee: Click here to enter text. | Employee’s Position: Click here to enter text. |
| Employee’s phone #: Click here to enter text. | Employee’s Work#: Click here to enter text. |
| Date Completed: Click here to enter a date. | Completed By: Click here to enter text.  |
| Contact Person: Click here to enter text. | Contact Person’s #: Click here to enter text.  |
| [ ]  EMPLOYEE WILL CALL EAP | [ ]  EAP TO CALL EMPLOYEE |

**INSTRUCTIONS:** Evaluate the employee’s behavior and work performance based on the criteria listed below. Please select from the drop down menu which one most accurately describes your level of concern. Add pertinent comments to assist the EAP staff in understanding your concerns. Review with the employee, then FAX or EMAIL to the EAP office after completion. We prefer that you call EAP also to register the referral and discuss the details at (800)992-1931, option 2.

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| **ATTENDANCE: Patterns of absenteeism** Choose an item. |
| Comments: Click here to enter text. |

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| **PUNCTUALITY AND/OR LEAVING EARLY: Patterns of tardiness** Choose an item. |
| Comments: Click here to enter text. |

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| **OBSERVANCE OF WORK HOURS: Abuse of lunch, breaks sick leave** Click here to enter text. |
| Comments: Click here to enter text. |

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| **QUALITY/ QUANTITY OF WORK: Poor or questionable production or customer service** Choose an item. |
| Comments: Click here to enter text. |

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| **SAFETY: Accidents, injuries on the job, risky behaviors endangering self/others** Choose an item. |
| Comments: Click here to enter text. |

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| **ACCEPTANCE OF SUPERVISION: Poor attitude, insubordination** Choose an item. |
| Comments: Click here to enter text. |

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| **ORGANIZATIONAL BEHAVIOR: Co-worker conflict, rule violations, negativity** Choose an item. |
| Comments: Click here to enter text. |

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| **PERSONAL PRESENTATION: Appearance, communication skills** Choose an item. |
| Comments: Click here to enter text. |

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| **OTHER BEHAVIOR OF CONCERN UNIQUE TO THE EMPLOYEE:** Choose an item. |
| Comments: Click here to enter text. |

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| **EMPLOYEE REVIEW:** I acknowledge that I have reviewed the content of this form and accept a referral to Carilion EAP. I authorize Carilion EAP to release to the designated supervisor or EAP Coordinator the following general information:1. That I did or did not keep the initial appointment as arranged or rescheduled.
2. That a problem or issue was or was not identified through the assessment.
3. That I will or will not continue sessions or follow the recommendations of Carilion EAP.
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| Signature of Supervisor Date | Signature of Co./Org. EAP Coordinator Date |
| Signature of Employee Date | [ ]  Employee refused to sign review statement |