

Carilion EAP

MANDATORY ALCOHOL AND DRUG REFERRAL

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

Email form to:

EmployeeAssistanceProgram@carilionclinic.org

Fax form to:
540-981-8957

For EAP Consultation
1-800-992-1931



This is the required form to **FAX** or **EMAIL** to Carilion EAP to register an employee who has violated your organization's Drug Free Workplace Policy. We will make assessment arrangements once this form has been received in our office. Please complete all pertinent information. **THIS FORM IS CONFIDENTIAL.**

CHECK ONE:

☐ DOT/CDL

☐ NON-DOT

Company:	Date Completed:
Contact's #:	Fax#: ☐ Please notify before faxing
Company contact name:	
Contact person's email address:	

The following employee needs an alcohol and drug assessment scheduled:

Employee:		Date of Birth:	
Social Security #:			
Address:			
City:	State:	Zip:	
Work #:		Cell #:	
☐ Client to call EAP for appointment		☐ Request EAP to call client for appointment	

Summary of the Violation: _____

Positive Drug/Alcohol Screen Information:

Type of Test:

☐ Random ☐ Probable Cause ☐ Post-accident ☐ On-going Monitoring ☐ Pre-employment

Date of Test:

Tested Positive For:

Test Levels:

Has the employee been suspended? ☐ Yes ☐ No

If yes, start date: _____ **Probable end date:** _____

☐ Check to confirm employee is out of work until cleared by Carilion EAP

Additional Notes: _____

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.

 Signature of Supervisor Date	 Signature of Co./Org. EAP Coordinator Date
 Signature of Employee Date	☐ Employee refused to sign review statement