


## Carilion EAP Referral Form

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

<input type="checkbox"/> <b>FORMAL: Work Performance</b> <input type="checkbox"/> <b>MANDATORY: Violence Risk/Drug Free Workplace Policy Violation</b> <input type="checkbox"/> <i>If Mandatory, check to confirm employee is out of work until cleared by Carilion EAP</i>
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<b>Email form to:</b> <a href="mailto:EmployeeAssistanceProgram@carilionclinic.org" style="color: blue; text-decoration: underline;">EmployeeAssistanceProgram@carilionclinic.org</a>	
<b>Fax form to:</b> <b>540-981-8957</b>	<b>For EAP Consultation</b> <b>1-800-992-1931</b>

COMPANY/ORG:	
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Employee:	Employee's Position:
Employee's phone #:	Employee's Work#:
Date Completed:	Completed By:
Contact Person:	Contact Person's #:
Contact Person's Email Address:	
<input type="checkbox"/> EMPLOYEE WILL CALL EAP	<input type="checkbox"/> EAP TO CALL EMPLOYEE

**INSTRUCTIONS:** Evaluate the employee's behavior and work performance based on the criteria listed below. 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.

<b>ATTENDANCE: Patterns of absenteeism</b>
Comments:

<b>PUNCTUALITY AND/OR LEAVING EARLY: Patterns of tardiness</b>
Comments:

<b>OBSERVANCE OF WORK HOURS: Abuse of lunch, breaks sick leave</b>
Comments:

**QUALITY/ QUANTITY OF WORK: Poor or questionable production or customer service**

Comments:

**SAFETY: Accidents, injuries on the job, risky behaviors endangering self/others**

Comments:

**ACCEPTANCE OF SUPERVISION: Poor attitude, insubordination**

Comments:

**ORGANIZATIONAL BEHAVIOR: Co-worker conflict, rule violations, negativity**

Comments:

**PERSONAL PRESENTATION: Appearance, communication skills**

Comments:

**OTHER BEHAVIOR OF CONCERN UNIQUE TO THE EMPLOYEE:**

Comments:

**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.

<hr/> Signature of Supervisor	<hr/> Date	<hr/> Signature of Co./Org. EAP Coordinator	<hr/> Date
<hr/> Signature of Employee	<hr/> Date	<input type="checkbox"/> Employee refused to sign review statement	