



MANAGEMENT REFERRAL ASSESSMENT

Employee: Referring Supervisor/Caller:
Date of Birth: Company:
Home Address: Phone: ()
E-mail:
Phone #: () Fax: Is Fax Secure: yes no
Job title: Intro Letter received and read: yes no

***PLEASE NOTE: The following information will be forwarded to the EAP therapist or treatment provider with whom the employee will work to assist in meeting the treatment goals. This form may be shared with the employee to identify the specific work performance issues (and goals) which will be the focus of the EAP counseling sessions.*

1. What is the nature of the job performance problem or workplace concern that has prompted this referral?
(Be specific.)
**Note: If the employee is being referred for testing positive on a drug test, please report the name of the substance(s), the date the employee tested positive, and whether it was a random or for cause/ reasonable suspicion drug test.
2. What are the employer's expectations regarding changes in job performance?
3. Has the employee been made aware of these expectations? Yes: No:
4. By what date is the employee expected to the call EAP Management Consultant?
5. The employee was given a: Verbal warning: Written warning:
Suspension with pay Suspension without pay
6. Has the employee signed an Optum Release of Information form? Yes: No:
7. The signed Release of Information form was: Faxed: Mailed:
To (Management Consultant) On date: