



CONFIDENTIAL REFERRAL INFORMATION

TO:

FROM:

DATE:

FOR EAP SERVICES ONLY:

Employee will be calling directly to schedule an appointment

This is a **Self** referral to the EAP.

The client is allowed **4** EAP sessions per employer contract.

CLIENT INFORMATION:

NAME:

PHONE:

ADDRESS:

INSUREDS ID NUMBER:

DATE OF BIRTH:

REASON FOR REFERRAL:

Please be aware that employers expect that employees take an ADMINISTRATIVE REFERRAL very seriously and that any untimeliness or deficits in reporting of any information as requested by the EAP may result in significant workplace consequences such as on-going disciplinary actions up to and including termination from employment.