

# **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:**