

# Palmetto EAP Referral Form

**It is helpful for PEAP to have copies of disciplinary action (current & past),  
Attendance records, drug screen results etc. in addition to this form**

**Employee Information:** Referral Date: \_\_\_\_\_  Self Referral  Job Performance Referral

Name of Employee: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address, if known: \_\_\_\_\_ Job function: \_\_\_\_\_  
 Safety Sensitive  DOT covered

If known: Health Insurance: \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Current Work Status:  Active  Suspended  Sick Leave  Annual Leave  Administrative Leave  FMLA  
 Suspension or Leave expires:

**Employer Concerns Re/Employee:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Alcohol/Drug Screen positive for \_\_\_\_\_ Date of screen: \_\_\_\_\_  
(If applicable)  Random  For-Cause  Post Accident

## Employer Information:

Company: \_\_\_\_\_

Your Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_

**Please list additional staff members who will need to know or see confidential information about this referral**

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Information Employer Would Like to Receive:

Attendance  Compliance  Treatment plan  Diagnosis  Prognosis  Workplace threat evaluation  
 Drug Screen Results (While in treatment)  Status at completion