

Please fax this form to CONCERN 901-458-0048

Information Needed Prior to an FMR Appointment

- Contact Person Email Address:
- Contact Person's Name and Phone Number:
- Employee's Name:
- Employee's Position:
- Employee's Gender:
- Employee's Age:
- Employee's Length of Service:
- DOT or non-DOT assessment:
- Precipitating event leading to Formal Management Referral:

- Past Job Performance problem(s) in concrete terms
How long has this problem existed?

- What has been communicated to the employee regarding disciplinary action, job status, deadlines, etc.?

- Will this employee be enrolled for Follow-up Drug/Alcohol Testing?
If yes, please fax form to Drug Testing Coordinator @ 901-636-6467 and also to CONCERN @ 901-458-0048.

CONCERN: EAP
Management Referral Agreement and Consent Form

Description of undesirable situation or behavior: (to be completed by referring manager)

The employee / associate needs to initial the () which precedes the following items and then sign their name at the end of the form. The referring manager usually signs as the witness.

() I have reviewed the above information and agree to contact CONCERN: EAP at 901-458-4000 or 800-445-5011 by _____ (date) to set an appointment for a face-to-face evaluation with a behavioral health professional as this may prove helpful in resolving the above performance problem(s).

() I authorize CONCERN: EAP to release to discuss with the official representative of _____ (Company Name) the following information:

- Whether I contact CONCERN: EAP to schedule my appointment
- Whether I keep my scheduled appointments
- Whether I accept or decline the assistance / recommendations of CONCERN:EAP
- Whether I require time away from work for treatment
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() I understand that this release of information will be in effect from _____ (today's date) until _____ (one year from today). No information can be released after that date without my signed permission.

() I understand that no personal or clinically privileged information will be shared with my employer without my additional specific permission.

Employee's Signature: _____ Date: _____

Clearly print Employee's name here: _____

Signature of Witness: _____ Date: _____

Clearly print Manger's name here: _____

Both the referring person and the employee / associate should retain a copy of this form.

Return signed form by fax to:
CONCERN: EAP
2670 Union Extended, Suite 610
Memphis, TN 38112
Fax: 901-458-0048; Phone: 901-458-4000; Phone: 800-445-5011

CITY OF  MEMPHIS

**FORMAL MANAGEMENT REFERRAL
FOR EAP ASSESSMENT**

EMPLOYEE NAME: _____

SS#: _____ DOB: _____

DIVISION: _____

WORK LOCATION: _____

JOB TITLE: _____ DOT REGULATED: Yes ___ No ___

REFERRING SUPERVISOR OR MANAGER: _____

PHONE: _____ FAX: _____

DESCRIPTION OF SPECIFIC, JOB-RELATED PERFORMANCE OR
BEHAVIOR PROBLEMS:

(FAX FORM TO CONCERN EAP AT 458-0048 OR SEND TO CITY
ROUTE 38-C.)

CONFIDENTIAL INFORMATION

SUPERVISOR'S/MANAGER'S SIGNATURE

DATE OF REFERRAL