



Counseling & Family Resources, Ltd.
EAP Preferred
Employee Assistance Services
Behavioral Health Services
2700 North 3rd Street, Suite 2008
Phoenix, Arizona 85004-4602
602-264-4600

Supervisory/Management Referral Consultation Form

***Supervisor/Manager/Personnel Contact to complete the attached forms
as applicable to the referral then...**

**Fax to EAP Preferred (PRIOR TO FIRST VISIT) at 602-264-7325,
Attn: Roseanne Boyle or Maggie Winter.**

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| Name of Company (<i>Please Print</i>): _____ |
| Company Address: _____ |
| Date of Referral: _____ |
| Employee's Name: _____ Phone #: _____ |
| Department: _____ Length of Employment: _____ |
| Position: _____ Work hours: _____ |
| Supervisor/Personnel Contact: _____ Phone #: _____ |

1. What is the reason for the referral? Why now?

2. What specific changes have you seen in job performance, work habits, and behaviors?
Include how long you've noticed the changes. (Refer to Supervisor Checklist form and check all
areas as appropriate, then fax checklist to EAP also)

**Supervisory/Management Referral
Consultation Form- (continued)**

_____ (Employee Name)

3. What type of corrective action may have been taken?

4. If this counseling process were to be successful, what would you be seeing differently?

5. From your point of view, what strengths do you see in the employee that will help them to reach their goals?

6. What do you think will get in the way of them being successful?
