

# Employee Substance-Related Issues Referral

## Counseling & EAP



Please obtain the employee's release before responding to these questions.

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Referrer Name: \_\_\_\_\_ Company: \_\_\_\_\_

To prepare for this appointment, please fax the following information **BEFORE** the scheduled appointment to (541) 345-4419 (this is a secure fax setting). Thank you.

Is this employee involved in DOT-regulated, safety-sensitive duties (does this employee have a CDL, drive a rig that is over 16,000 pounds and/or transport people professionally and/or hazardous materials)?  Yes  No

If none of the above, please briefly describe this employee's job duties or job title: \_\_\_\_\_

Please give the name and information for the D.E.R. (designated employer representative) with whom our counselor should be communicating regarding this employee:

D.E.R.'s Name: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

Work Phone(s) (including cell, if available): \_\_\_\_\_

Fax: \_\_\_\_\_ Confidential fax?  Yes  No

If the D.E.R. is unavailable or away, is there someone else who can be contacted?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Did employee: Test positive for a substance(s)?  No  Yes: \_\_\_\_\_

Refuse test?  Yes  No Non-testable specimen?  Yes  No

Date: \_\_\_\_\_ LAB: \_\_\_\_\_ MRO: \_\_\_\_\_

How long have you employed this employee: \_\_\_\_\_ Tested positive before?  Yes  No

If yes, when and for what substance(s): \_\_\_\_\_ Known previous positive?  Yes  No

If yes, when and for what substance(s): \_\_\_\_\_

If this employee has signed a last chance agreement/other behavioral contract, please include with these sheets.

*Fax this completed form to (541) 345-4419 prior to the scheduled assessment*