

Manager Referral Form

Employee name: _____ Referring Manager Name: _____
 Date of Birth: _____ Additional Manager Name (optional): _____
 Organisation: _____ P/O number (if required): _____
 Location: _____

Presenting issue/s: _____

Background information for the Professional (detail clearly):

Authority to disclose information

I (client/employee), _____ hereby authorise Habit Health EAP to release the following information to the person or persons named above.

- ☐ Letter of attendance including name of EAP Professional.
- ☐ Interim Report after 1st session (optional).
- ☐ Final Report: summary of outcomes.

I understand I have the right to inspect any written information that may be disclosed:

Employee name: _____ **Position:** _____

Email: _____ Mobile: _____

Date: _____ Signature: _____

Manager name: _____ **Position:** _____

Email: _____ Mobile: _____

Date: _____ Signature: _____

Additional Manager Name (optional): _____ **Position:** _____

Email: _____ Mobile: _____

Date: _____ Signature: _____

All formal Manager referral programmes are 3-6 sessions. Please note each report requested is a standard charge of 1 session. This form is to provide the Habit Health EAP Professional with appropriate information in relation to this Manager Referral. Both the manager and employee must initial and sign this form; thereby agreeing for this form to be emailed to **Manager.Referral@habit.health** in order for Habit Health EAP to then contact the employee to schedule their first EAP session.