

CONCERN® SERVICES
Fitness for Duty/Performance Referral

Phone: (513) 891-1627 (800) 642-9794
Fax: (513) 891-0838

It's our assumption you will share this information with your employee. We will review the information with the employee during their first CONCERN counseling session.

- A. Referring Person: _____ Position: _____ Company _____
 Phone # _____ Fax# _____
 Email Address: _____
 Address _____
- B. Employee: _____ Phone # _____
 D.O.B. _____ SS# _____ Date of hire _____
 Address: _____
- C. Employee's Position: _____ Department: _____
- D. Employee's Supervisor/Manager: _____ Phone: _____ Fax# _____
 Address: _____
 Email Address: _____
- E. Brief Description of Problem: _____

- F. Duration of Problem: _____
- G. Type of Referral (check one) Fitness for Duty Performance Referral

If this is a Fitness for Duty Referral, please complete this ENTIRE FORM.
If this is not a Fitness for Duty Referral, please proceed to the next page.

Fitness for Duty Referral: Need for Alcohol/Drug Evaluation and / or testing
 Need for evaluation of risk of harm to self / others

The following are examples only and in any event must be determined by a mental health professional's assessment:

- positive urinalysis for drug/alcohol use
- poor concentration, memory loss, blackouts
- agitation, hallucinations, disordered thoughts
- delusions, obsessions
- argumentative, irritability, hostility
- suspicion, negativity, social withdrawal
- suicidal / homicidal thoughts or threats
- inappropriate affect
- significant health-related problems (diminished capacity / inability to perform)

CONCERN recommends in Fitness for Duty Referrals, that the employee be removed from the workplace pending results of a mandatory medical evaluation and/or CD evaluation and drug screen.

- Company will facilitate drug screen
- Company designates CONCERN to facilitate drug screen (Cost is assumed by company).
- Company does not approve drug screen.

- H. Specific Fitness for Duty Issue: _____

- I. Date(s) Occurred: _____
- J. Will employee be removed from the workplace? YES NO
- K. If yes, date removed: _____ For how long? _____
- L. If yes, what do you require for employee to return to work and include whatever accommodations are recommended, so that the employee can determine the reasonableness of that accommodation. _____

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A performance referral means deteriorating work performance, attitude and/or behavior on the job which does not meet company standards.

M. Please evaluate your employee's problematic work performance, attitudes, and/or behavior using the criteria listed below. Circle the appropriate number: **1** (Very serious problem) ←←←→→→ **5** (Not a Problem). Please add additional comments/examples from your documentation to assist us in understanding problem areas which apply to your employee. This material should be shared with your employee.

	<u>Very Serious Problem</u>				<u>Not a Problem</u>	
1. Absenteeism/Tardiness	1	2	3	4	5	
Comment/Example:	_____					
2. Quality of Work	1	2	3	4	5	
Comment/Example:	_____					
3. Quantity of Work	1	2	3	4	5	
Comment/Example:	_____					
4. Unacceptable Attitude/ Behavior	1	2	3	4	5	
Comment/Example:	_____					
5. Safety	1	2	3	4	5	
Comment/Example:	_____					
6. Acceptance of Supervision	1	2	3	4	5	
Comment/Example:	_____					
7. Interpersonal Relationship	1	2	3	4	5	
Comment/Example:	_____					

N. Past disciplinary action in this area/other areas: _____

O. Additional comments: _____

P. Is your employee currently in a phase of your disciplinary process, suspended, or being terminated?

YES NO

If yes, please explain: _____

Q. Is the employee's job in jeopardy? YES NO NOT CURRENTLY

Have the employee's supervisor / manager and the employee developed specific plans for improvement in the problem area(s) and set a time frame(s) for each step: YES NO

R. If not, when will this be done? _____

S. What are the next consequences if the employee does not demonstrate this improvement? _____

T. Time Frame to evaluate improvement: _____

Signature of person completing form/Date

Appointment time/Office/Counselor

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, have reviewed the content of this referral form and I accept this referral to CONCERN®EAP. I, _____, authorize CONCERN Services to release/discuss with

_____ (Name)	_____ (Position)	_____ (Phone #)
_____ (Name)	_____ (Position)	_____ (Phone #)

the following information:

1. Whether I contact CONCERN to schedule my appointment
2. Whether I keep my first appointment as scheduled
3. Whether I accept or decline the assistance/recommendations of CONCERN
4. Whether I require time away from work for treatment

This release of information will be in effect from _____ (today's date) to _____ (60 days from today). No information can be released after that date without my signed permission.

I, _____, understand that I will be asked to sign another similar release of information during my first appointment at CONCERN.

EMPLOYEE's signature _____ Date _____

Referring person's signature _____ Date _____

Type of follow-up/feedback requested from CONCERN®EAP:

Phone call _____ Frequency _____
Letter _____ Frequency _____
Other (please specify) _____

Performance Referral

When completed, please fax this Release of Information form and both pages of the Referral form to CONCERN,
Fax # (513) 891-0838

Any questions, please call (513) 891-1627 or (800) 642-9794