



Workplace Referral Form

REFERRAL REASONS AND REFERRAL CONTACTS

The MPHP is a confidential referral source and resource for medical professionals (Physicians, Nurses, Dentists, Pharmacists and Veterinarians). Employers may refer employees in healthcare professions who may be experiencing behavioral, mental health, or substance misuse issues to ensure they get the help they need. This also ensures that the healthcare system has the support needed when working with these individuals to ensure public and workplace safety.

Professional being referred:

First name _____ Last name _____

Profession _____ Position/Title _____

Referral Date _____

Referral Source (circle one): Employer / Supervisor / Human Resources / Colleague / Friend

Name of person making the referral _____

Phone number _____ Email _____

Follow up contact person (if different) _____

Referral reason (check any that apply):

- Referred for general information and assistance
- Referred as a condition of employment
- Referred in lieu of a report to the board

Referral Reason:

Date(s) of concern and/or duration of concern: _____

Incident precipitating referral: _____

Communication:

There are several opportunities for ongoing communication with MPHP including confirmation of contact with professional and ongoing status updates: (check any that apply)

- Confirmation of initial contact
- Confirmation of participation actions (i.e. completion of evaluation, treatment, signing of agreement, etc)
- Notification of noncompliance (i.e. failure to follow MPHP recommendations)
- Review of participant agreement
- Monthly progress reports (for active participants only)
- Other _____