

**HUMAN RESOURCES CONSULTATION**

DATE: \_\_\_\_\_ NAME OF PENN Behavioral Health INTAKECOUNSELOR: \_\_\_\_\_

YOU'RE NAME W/TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ LOCATION/DIVISION: \_\_\_\_\_

EMPLOYEE'S NAME: (if applicable) \_\_\_\_\_ (S.S. #) \_\_\_\_\_

CORPORATE POINT PERSON: \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

REFERRAL PROCEDURES: (GATHER, CONSULT, DIRECT AND RESOURCE OR REFER)

**GATHER**

PRIMARY ISSUES: \_\_\_\_\_

**CONSULT**

WAS INTERVENTION DONE? \_\_\_\_\_ YES \_\_\_\_\_ NO WHEN? \_\_\_\_\_

WHAT LEVEL OF INTERVENTION (ORGANIZATIONAL ACTIONS) \_\_\_\_\_

IS THERE INTENSITY, FREQUENCY, OR A PATTERN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF "YES," DESCRIBE: \_\_\_\_\_

**INFORM EMPLOYEE**

ISSUES THAT HAVE BEEN ADDRESSED WITH EMPLOYEE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**POSSIBLE ISSUES**

- A. PERFORMANCE
- B. ABERRANT BEHAVIOR
- C. SUBSTANCE ABUSE
- D. IMPAIRMENT
- F. VIOLENCE

**POSSIBLE OPTIONS**

- A. PROVIDE RESOURCES OR TRAINING
- B. IMMEDIATE REFERRAL
- C. STATE INTENT TO HELP
- D. IMMEDIATE RESOURCES
- F. STATE INTENT TO STOP BEHAVIORS

**OPTIONS DISCUSSED (DIRECTION)**

INTERNAL OR EXTERNAL  
INFORMAL OR FORMAL  
IMMEDIATE OR LONG TERM

- ACTION STEPS:
- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

**FOLLOW-UP (MONITORING, SIGN OF RELEASE, AND/OR PERFORMANCE AGREEMENT)**

FOLLOW-UP PLAN: \_\_\_\_\_  
\_\_\_\_\_



**SAMPLE PERFORMANCE AGREEMENT  
FOR  
(Formal PENN Behavioral Health Referral)**

1. I acknowledge that I have exhibited the following behavior :( DESCRIBE THE BEHAVIOR REQUIRING THE AGREEMENT) \_\_\_\_\_  
\_\_\_\_\_
2. I agree to improve my performance or resolve the issue in the following ways:  
(DESCRIBE THE IMMEDIATE PERFORMANCE MANDATES) \_\_\_\_\_  
\_\_\_\_\_
3. I may seek counseling through the Company's benefit known as PENN Behavioral Health in which case PENN Behavioral Health will be notified of my impending call and I will be responsible to make the call to PENN Behavioral Health as soon as possible.
4. If I use PENN Behavioral Health, I will sign the Authorization for Limited Release/Exchange of Confidential Information form now in the presence of these witnesses (a copy that is attached hereto). I will also sign the same form at the counselor's office. (At that time, the name and accreditation of the counselor must appear on the release form.)

5. Time frame:
  - a. The initiation of the counseling services must occur within (\_\_\_\_\_) week(s) from this date.
  - b. The completion of the full counseling evaluation and the initial counseling sessions must occur within (\_\_\_\_\_) weeks from this date.
  - c. I will attend final review of my evaluation by the counselor. At that time, there will be a review of the counselor's recommendations and/or suggested future actions.
  - d. I will attend additional evaluation sessions as deemed necessary by the counselor.
  - e. An evaluation of performance relational issues, and any other ensuing problems, will take place after ( ) month(s) from this date.
6. I realize if I do not comply with this signed agreement, either by refusing to sign this agreement or by violating the agreed upon terms, or if I engage in further behavior similar to that requiring this agreement, I will be subject to further disciplinary action, up to and including termination of my employment.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Site Representative**

\_\_\_\_\_  
**Date**