



"Helping People Smile Again"

Marriage and Family Counseling Services

Employee Assistance Program

REFERRAL FORM

Agency / person making referral _____

Contact person of referral agency _____

Person being referred _____

Telephone of referred person _____

Email of referred person _____

Age of referred person _____

State in one sentence need for referral _____

REASON:

Tick any relevant reason the person is being referred:

- Death or unexpected death of a family member or co-worker
- Emotional impact of on-the-job robbery
- Emotionally not well, depression, etc.
- Person's personal issues are impacting him/her on the job
- Personal stress
- Physical illness impacting person's emotional health and thus job performance
- Poor anger management
- Poor communication skills
- Relationship issues
- _____

PROVIDER:

Counseling Psychologist, Barrington H. Brennen, MA, NCP, BCCP
1-242-327-1980
1-242 477 4002
barringtonbrennen@gmail.com
www.soencouragement.org

SESSIONS:

Client will receive up to six counseling sessions (60 minutes in length). If more sessions are need the provider will make a request to the agency.

Name and Signature of manager making referral (Print and sign)

Date