



Deer Oaks EAP Services

Phone: 1-866-327-2400

Fax: (214) 559-2218

A resource you can trust.

Mandatory Referral Form

Date of Referral: _____/_____/_____

Employee Information:

Name: _____

DOB: _____ SSN (optional): _____

Marital Status: _____ Race: _____ Gender: _____

Address: _____

Email: _____

Telephone number: (H) _____ (W) _____ (C) _____

Employee Position: _____

Department/Agency: _____

Employer Information:

Employer Name: _____

Employer Address: _____

Supervisor Name: _____ Phone: _____

Human Resource Director: _____ Phone: _____

Reason for referral: _____

Terms and conditions of referral: _____

