Management Consultation Summary Form

Professional Assistance of Central Texas

Section I - Manager Information **Quarter:**

Date: _____

Manager: _____ Title: _____

Dept.: _____ Phone: _____

Section II - Consult Information

Employee: _____

Problem: _____

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Section III – Staff Recommendations

- ❍ Performance-based Management Referral to EAP
- ❍ Management suggested referral to EAP
- ❍ Organizational Intervention

Specifics/Follow-Up: _____

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EAP Provider: _____ Date: _____