momentum
wellness

CONFIDENTIAL

FORMAL REFERRAL OF AN EMPLOYEE TO THE WELLNESS PROGRAMME

Please ensure that you have discussed this referral in detail with the employee and received their consent before sending us this document.

Company name		Area		Work tel no.	

Employee's details:

Full name		Department		Position	
Cell no.		Landline no.		Email address	
ID number		Geo Location			

Referring manager's details:

Name		Department		Position	
Cell no.		Landline no.		Email address	

Please indicate if:

Has the employee consented to you making this referral? Yes ☐ No ☐ Do you require feedback? Yes ☐ No ☐

Please indicate is this is a COVID-19 related referral: Yes ☐ No ☐

Please note that feedback is sent to you when we action the case and when we close the case. Should you require additional information from us please email us your request.

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Please select reasons for referral

Long term mental health problem (C01)	☐	Symptoms of mental health problem (C02)	☐	Poor life skills (C03)	☐
Low self esteem (C04)	☐	Somatic symptoms (C05)	☐	Anger management (C06)	☐
Medical condition (C07)	☐	Substance abuse (C08)	☐	Relationship problems (spouse or partner) (C09)	☐
Parenting issues (C10)	☐	Divorce (C11)	☐	Family disruption (C12)	☐
Problems in other personal relationships (C13)	☐	Life changing event (C14)	☐	Financial stress (C15)	☐
Legal issues (C16)	☐	Stress at work (C17)	☐	Personal stress (C18)	☐
Trauma (C19)	☐	Grief (C20)	☐	Post-traumatic stress disorder (C21)	☐
Adjustment issues to new context (C22)	☐	Work relationship issues (C23)	☐	Disciplinary hearing (C24)	☐
Performance management (C25)	☐	Termination of employment (C26)	☐	Retrenchment (C27)	☐
Retirement (C28)	☐	Other work related (C29)	☐	Other personal problems (C30)	☐
Positive diagnosis of Corona Virus in self or significant other	☐	Adjustment to caring for patient with corona virus	☐	Difficult mood states related to Covid context	☐
Fear of self or significant other contracting Corona Virus	☐	Extreme anxiety related to possible consequences of Covid context	☐	Addictive behaviours related to Covid context	☐
Moderate to severe debt related to Covid context	☐	Change of work role due to Covid context	☐	Mental or emotional abuse of self by partner / spouse	☐
Physical abuse of self by partner / spouse	☐	Abuse of minor by another member living in the household	☐	Abuse of one member of household by another	☐

Please provide a detailed summary of the reason for referral. (The feedback report we send to you speaks directly to the information that you provide to us.)

In the case of a formal work referral please attach all formal documents and specify your expectation from this counselling process.

Please indicate the interventions you would like us to make through counselling and your expectations from this referral (the feedback report we send you will speak directly to the expectations you indicate below)

Trauma counselling	☐	Supportive counselling	☐	Skills development	☐	Psycho- education	☐
Lifestyle management	☐	Assessment and recommendation	☐	HeartMath coaching	☐	Self- development	☐
Couple/ family therapy	☐	Mediation	☐	General counselling	☐	Coaching	☐
Stress management	☐	Grief counselling	☐	Performance assessment	☐	Work related coaching	☐
Parental guidance	☐	Referral to other services	☐	Anger management	☐	Interpersonal skills development	☐
Communication skills development	☐	Support around a mental health/physical condition	☐	Support around a new life context	☐	You are unsure	☐
Legal guidance	☐	Financial guidance	☐	Debt guidance	☐	Medical direction	☐

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Date Authorising signature Name & surname

Please note that the employee will be contacted by a counsellor within 48-72hrs after your referral has been submitted. Email the referral form to: eap@metropolitanhrm.co.za

If this is an emergency please ask the employee to access the call centre and report it as an emergency for immediate service.

08002BWELL (0800 229 355)

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