

Employee Referrals to the Emergency Department for Psychiatric Evaluation

Employee Name: _____ DOB: _____

Department: _____

Referring Supervisor Name: _____ Phone Number: _____

Supervisor Email Address: _____ Trend Tracker #: _____

Reason for Referral: _____

ED Physician Return to Work Recommendations

- The employee may return to work on:
- The employee may return to work after follow up & release from primary care/psychiatric provider

ED Provider Name (please print): _____

ED Provider Signature: _____

Date: _____ Time: _____

Important Numbers:

Employee Relations: 205-934-4458
UED ANM/Shift Lead: 205-996-4201
HED ANM/Shift Lead: 205-996-3134
GFED ANM/Shift Lead: 205-996-1234