**Union Health “Mental Minute”**

**EAP Consultation Request**

**To Schedule:**

**Call 812-238-4931**

**Fax Form:**

**Fax 812-238-4959**

**Scheduling preference:**

 First Available- any time and day

* Appointment within 48 hours

After \_\_\_\_\_\_\_

Before \_\_\_\_\_\_

 Appointment within 1 week

After\_\_\_\_\_\_\_

Before \_\_\_\_\_\_

 Appointment within 2 weeks

After \_\_\_\_\_\_\_

Before \_\_\_\_\_\_

**Please complete:**

Please use this form to request a consultation with one of our Mental Minute providers. Fax this form directly to EAP office at the number listed and the EAP office e-mail you directly with appointment information.

Today’s Date \_\_\_\_\_\_\_\_\_\_\_

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_ Zip\_\_\_\_\_

Preferred call back # (Only if additional information is needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for “Mental Minute”

* Mandated by Supervisor

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