

since 1995

PSYBAR®

Objective Opinions / Confident Decisions

PSYBAR REFERRAL FORM

Are you requesting a Fitness for Duty or a Risk Assessment Not Certain

EMPLOYEE INFORMATION

Full Name:		Occupation:	
<i>PsyBar will NOT contact the employee. Information requested is necessary in scheduling and confirming no conflict of interest. All contact with employees is the responsibility of the employer.</i>	Date of Birth:	Hire Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Home Address:	Home Phone Number:	Alt. Phone Number:
P.O. Box:	City:	State:	ZIP Code:
Name of EAP:	Name of EAP Contact:	EAP Contact Phone:	
Will the report go to <input type="checkbox"/> HR or <input type="checkbox"/> Medical Dept			
Is this your first Referral to PsyBar? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CLIENT/CONTACT INFORMATION

Your Name:		Title:	
E-mail:	Company Name and Address:	Phone Number:	
Is the fax number confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fax Number:	

SPECIAL INSTRUCTIONS

Please explain your concerns regarding the employee:

Please Fax this form to: (952) 848-1798