

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:

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.

Date of Birth:

Hire Date:

Sex: M 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 HR or Medical Dept

Is this your first Referral to PsyBar?

Yes No

CLIENT/CONTACT INFORMATION

Your Name:

Title:

E-mail:

Company Name and Address:

Phone Number:

Is the fax number confidential?

Yes No

Fax Number:

SPECIAL INSTRUCTIONS

Please explain your concerns regarding the employee:

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