

# SAN TAN COUNSELING

## Pre-Employment Psychological Report

PATIENT INFORMATION	
Date: _____	Agency Referred by: _____
Name: _____	SS#: _____
Home Phone: _____	Cell Phone: _____ May We Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ I have received the San Tan Counseling's HIPAA Agreement Initials	

Position Offered/Job Title: \_\_\_\_\_

Psychologist: \_\_\_\_\_

Note to Psychologist: Please review job description before examining patient.

### *Psychologists Report*

- Based on my examination and on all other information available to me, it is my opinion that the above individual is emotionally and psychologically able to perform the essential functions of this job without limitation or restriction and/or without significant risk of substantial harm to his/her continued good health and safety or that of others.
- Based on my evaluation and on all other information available to me, it is my opinion that the above individual is not emotionally or psychologically able to perform one or some of the essential functions of this job without limitation or restriction and/or without posing a significant, severe and imminent risk to his/her health and safety or that of others.

Nature or limiting condition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Release/Authorization:*

I hereby authorize the above psychologist to release any and all emotional and/or psychological results to the duly authorized representatives for the purpose of evaluating my medical or physical ability to perform the above job.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date