SUPERVISORY REFERRAL ASSESSMENT REPORT

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	DATE OF BIRTH	AGE

EMPLOYER:	EMPLOYEE'S JOB TITLE:

REFERRAL PROBLEM:

EMPLOYER DOCUMENTS INCLUDED: ☐ No ☐ Yes

Positive Employer-Administered Drug Test: ☐ No ☐ Yes **If Yes**, indicate type of test and results:

☐ Random ☐ Post-Accident ☐ Reasonable Suspicion Results: _____

Return To Work Recommendation: ☐ No ☐ Yes If Yes, Section I of this form must be completed by the provider.

A. PSYCHIATRIC TREATMENT HISTORY:

B. CURRENT PSYCHIATRIC RISK? ☐ No ☐ Yes If Yes, select all that apply:

☐ Impaired Concentration
☐ Impulsivity
☐ Agitation/Mania
☐ Hostility/Anger
☐ Physical Aggression
☐ Suicidal Thoughts
☐ Active Substance Abuse
☐ Paranoia/Delusions
☐ Other: _____

C. CURRENT PRESCRIBED PSYCHOTROPIC MEDICATION (Include all medications related to mental health issues, sleep, pain, etc.):

Name	Problem Treated (e.g., anxiety, sleep, pain)	Dose	Frequency	Taking as Prescribed?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

D. ALCOHOL AND SUBSTANCE ABUSE: List all alcohol and/or substance abuse within the past 6 months:

Substance	Amount	Frequency	Date Last Used

PAST SUBSTANCE ABUSE TREATMENT:

www.behavioralhealthsystems.com • Phone: 800-245-1150 • Fax: 205-879-1178

Corporate Office: Two Metroplex Dr., Ste 500, Birmingham, AL 35209 • **Midwest Office**: John Hancock Center, Ste 3137, 875 N. Michigan Ave., Chicago, IL 60611

E. ASSESSMENT OF REFERRAL PROBLEM:

F. DIAGNOSIS(ES):

_____ _____ _____

G. RECOMMENDED TREATMENT:

- ☐ No treatment or additional evaluation indicated.
- ☐ Drug Education (specify number and frequency): _____
- ☐ Individual Therapy (specify number and frequency): _____
- ☐ Psychiatric Evaluation
- ☐ Psychological Testing
- ☐ Medication Assisted Treatment (MAT)
- ☐ Inpatient/Detoxification
- ☐ PHP
- ☐ IOP
- ☐ Other: _____

H. WAS THE EMPLOYEE COOPERATIVE AND FORTHCOMING THROUGHOUT THE ASSESSMENT PROCESS?

☐ Yes ☐ No **If No**, describe:

I. RETURN TO WORK: Complete this section ONLY if a Return-to-Work recommendation was requested by BHS:

Your recommendation should take into consideration the employee's job duties, nature of the referral problem, current symptoms, assessed psychiatric risk, degree of impairment, and any other relevant clinical factors. The recommendation should not be influenced by what is preferred or requested by the employee, employee convenience, or solely to provide respite from work.

1. Are there current mental health and/or substance abuse problems that impair the employee's ability to safely and competently perform his/her job duties? ☐ **No** ☐ **Yes** **If Yes**, describe the specific symptoms and areas of functional impairment:

2. Based on the employee's current job description, are job duty restrictions and/or limitations indicated? ☐ **No** ☐ **Yes** **If Yes**, specify:

3. If the employee is unable to work at this time, what is the recommended date for return to work, and psychiatric rationale for this period of leave:

_____ _____

Provider Signature **Date**

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