



## **REQUIRED MENTAL HEALTH EVALUATION FROM PSYCHIATRIST OR CLINICAL PSYCHOLOGIST**

When completed by the clinician, this report is sent to the Bishop and remains in the applicant's permanent file. It may be shared with the Standing Committee and other canonically established bodies involved in the ordination process.

### **REQUIRED MENTAL HEALTH EVALUATION FROM THE PSYCHIATRIST OR CLINICAL PSYCHOLOGIST FOR ORDINATIONS IN THE EPISCOPAL CHURCH**

**To The Right Reverend:** \_\_\_\_\_

**The Bishop of:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Date and Length of Examinations:** \_\_\_\_\_

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the applicant for ordained ministry in the Episcopal Church?

Yes  No

2. Are there any signs in the present behavior of the applicant that suggest that, in your opinion, this person may become ill under the pressure of clergy life?

Yes  No

3. What is your impression of the applicant's ability to respond adequately and appropriately to the emotional demands placed upon him/her by the work or ordained ministry?

Good  Fair  Doubtful  Poor  No Comment

4. What is your impression of the likelihood of the applicant becoming unstable or dysfunctional as a result of the nervous strain engendered by the role of the ordained minister?

Unlikely  Likely  Probably  No Comment

5. Have you reviewed a signed Behavior Screen Questionnaire (BSQ) completed by the applicant?

Yes  No

6. Are your conclusions based in part on review of the Life History Questionnaire (LHQ)?

Yes  No

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Examiner (M.D. or Ph.D.) Date

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Address

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

\_\_\_\_\_