



PROFESSIONALS
HEALTH NETWORK
INC.

5215 Old Highway 11 Suite 80
Hattiesburg MS 39402
Office 601-261-9899 fax 601-268-0376
Alexis Polles, M.D. Medical Director
Donna Young, Executive Director

PERSONAL AND CONFIDENTIAL

Date _____

Address _____

RE: _____

This form reflects your input as the **WORKPLACE OBSERVER**. Please respond by checking the appropriate box regarding **CONCERNS** in any of the following areas.

Thank you for your cooperation. Information contained in this form is **strictly confidential**. Please be cognizant of this while it is in your possession. Please return this form to PHN **as soon as possible**.

	YES	NO
Displays unusual anger or irritability	___	___
Carries out job responsibilities consistently	___	___
Isolates--Seems to be hiding behaviors from co-workers or supervisors	___	___
Exhibits positive attitude and Influence in the work setting	___	___

Comments: _____

How many times have you had personal contact in the last three months? _____

Would you like PHN to contact you? Yes ___ No ___

Signed _____ Date _____

Phone _____