Date: [Date]

To: [Adoption Agency Name/Court System]
Address: [Agency Address]
Re: Psychiatric Evaluation Clearance for Adoption

Prospective Adoptive Parent: [Full Name of Applicant]
Date of Birth: [Date of Birth]

To Whom It May Concern,

I am writing to provide the results of the psychiatric evaluation conducted on [Applicant Name] on [Date of Evaluation]. The purpose of this evaluation was to determine the applicant's mental and emotional readiness for adoption placement.

During the clinical interview and review of mental health history, the following was observed:

- Current mental status and emotional stability.
- History of psychiatric treatment (if any).
- Capacity to manage the stressors associated with parenting and adoption.
- Compliance with any recommended medications or therapies.

Based on my clinical findings, [Applicant Name] does not currently manifest any psychiatric condition or emotional instability that would impair their ability to provide a safe, stable, and nurturing environment for a child. There are no contraindications to their participation in the adoption process.

In my professional opinion, [Applicant Name] is psychiatrically cleared for adoption placement.

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician/Psychiatrist Signature]
[Printed Name, MD/DO/Board Certification]
[License Number]
[Clinic/Hospital Name]