

DHS ADULT EVALUATION REQUEST

Please complete this form so we may review the information to determine if we can help you. **Return the completed form to the Children's Program** and you will be contacted with a date and time for the evaluation.

Name of Person to Be Evaluated _____

Client Recipient ID# _____ Age/DOB _____ Gender _____

Client's Primary Language _____

Address _____

Phone _____

Family Members

Children _____ Age (s) _____

Significant Others _____ Age _____

What SPECIFIC concerns do you currently have regarding the client?

What SPECIFIC questions to you want addressed in the present evaluation?

- ___ Current Functioning (intellectual, emotional, developmental)
- ___ Treatment or Special Services Needed
- ___ Diagnosis
- ___ Ability to Parent
- ___ Strength/Bond of Relationship Between _____

Other questions not addressed (be specific):

Who Will Transport the Client?

May We Make an Appointment Reminder Call? ___ YES ___ NO

Previous Evaluation/Testing? ___ YES ___ NO

When? _____ Where? _____

What (if any) was the client's most recent psychological diagnosis? _____

Is the client currently in counseling? ___ YES ___ NO If so, where and for how long? _____

Is the client on prescription medication (s) for a mental health disorder? ___ YES ___ NO

Name of medications: _____

Does the Client Have Visitation with the child(ren)? ___ YES ___ NO

If yes, how often? _____ Supervised Unsupervised

Are there concerns related to any of the visitation? ___ YES ___ NO

If yes, please describe _____

What Is the Current Permanency Plan for the Children? _____

Do You Want a Parent/Child Interaction? ___ YES ___ NO How Many? _____

Please list participants for **EACH** requested interaction: _____

NOTE: More than two interactions will require additional office time.

Would You Like to Schedule a Feedback Session Following the Evaluation? ___ YES ___ NO

If YES, by phone? _____ In Office? _____

If YES, who will be in attendance in addition to the caseworker? _____

Next Scheduled Court Hearing? (Date) _____

Scheduling Constraints? (Please be specific) _____

CASEWORKER _____

PHONE _____ **FAX** _____

I AGREE TO RECEIVE THE COMPLETED REPORT VIA EMAIL ___ YES ___ NO

EMAIL ADDRESS: _____