

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: _____