

Evaluation Intake Form

Date: _____

Client's Full Name _____ **Alias or Other Name(s) I have used** _____

Reason(s) for other name(s) I have used _____

Date of Birth _____ **Place of Birth** _____ **Social Security** _____

Race: I am ___ Black ___ Caucasian ___ Asian **Citizenship:** I am a citizen of _____ I am also a citizen of _____

Sexuality: I am ___ Male ___ Female ___ Transsexual ___ Transgender ___ Hermaphroditic

Sexual Orientation: I am ___ Heterosexual ___ Homosexual ___ Bisexual ___ Asexual ___ Pan-sexual ___ Other _____

Marital Status: ___ Single ___ Engaged ___ Married ___ Divorced ___ Widowed ___ Separated **Number of Marriages:** _____

Additional Family Members: _____ Relationship: _____ Current Age: _____
_____ Relationship: _____ Current Age: _____
_____ Relationship: _____ Current Age: _____
_____ Relationship: _____ Current Age: _____
_____ Relationship: _____ Current Age: _____

Home Address: _____ **City** _____ **Zip** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Other places I have lived: _____

Leave Message at Home? Yes ___ No ___ **Leave Message at Work?** Yes ___ No ___

In Case of Emergency Contact Name/Phone Number: _____

E-mail Address: _____ **Web-page:** _____

Face Book: _____ **Skype:** _____

Referred by: _____ **Phone:** _____

Physician: _____ **Phone:** _____

Psychiatrist: _____ **Phone:** _____

Attorney: _____ **Phone:** _____

Probation Officer: _____ **Phone:** _____

Education: High School _____ Year _____ Location _____

Trade School _____ Year _____ Certification _____

College/University _____ Year _____ Major _____ Degree _____

_____ Year _____ Major _____ Degree _____

_____ Year _____ Major _____ Degree _____

I am currently enrolled at _____

My educational goal is _____

Have you ever filed for **Bankruptcy?** _____ ... been involved in a **Lawsuit?** _____ ... been **Incarcerated?** _____

Current Weight: _____ **Height:** _____ **Eye color:** _____ **Hair color:** _____ Right Handed Left Handed Both

Tattoos Body Modifications Piercings Scars Prosthetic _____

Primary Language: _____ **Other Languages spoken:** _____

Previous Therapy? Yes ___ No ___ **Former Therapist:** _____ **Approximate date:** _____

EVALUATION INTAKE FORM

Previous Mental Health Evaluation: Yes ___ No ___ Evaluator: _____ Date: _____

I was raised primarily by:

- Biological Mother & Father, Biological Father only, Biological Mother only, Father & Step-Mother, Mother & Step-Father, Elder Sibling, Maternal Grandparent(s), Paternal Grandparent(s), Aunt/Uncle, Foster Parent(s), Adoptive Parent(s), Foster Parents in ___ homes

In my family of origin I was: first born/only child, first born of ___, 2nd born of ___, 3rd born of ___, 4th born of ___, other _____

My biological parents' names: Father _____ Mother (maiden name) _____

My biological parents' cultural origins or ethnicity: (e.g. Italian, English, German, Russian, French)

Father _____ Mother _____

My primary foster/adoptive parents' cultural origins were:

Father _____ Mother _____

The primary wage-earner(s) during my childhood was/were employed as:

- Father, Mother, Step-Father, Step-Mother, Other person and occupation

Religiously, I describe myself as:

- Agnostic, Atheistic, Against a belief in in any "god" and/or any religion, Theistic, Believing in a higher power, with no affiliation, Believing in a higher power, with affiliation, Believing in God as described in the Bible, Believing in Allah as described in the Koran

Religious Background: _____

Church, Temple, Synagogue or Mosque currently attending: _____

Location: _____ Clergy or Religious leader: _____

My military experience was:

- I never served in the military, I served ___ years in the (branch of service), I was discharged Type of discharge, I am retired, I served in combat Number of tours Where, My military specialty (MOS) is/was, My rank is/was, The type of Discharge

My current marital status is:

- Never been married and not living with anyone in a committed relationship, Never been married, but in a committed relationship (at least two years) engaged, married, and living with my spouse (full name), Spouse's age, spouse's occupation, Number of prior marriages, Dates of Separations or Divorces, Separated and living alone, or with someone in a platonic relationship, Separated, and living with someone in a committed relationship, Widow/widowed, and living alone or with a family member Date spouse deceased

EVALUATION INTAKE FORM

My income over the past 12 months (or 12 months prior to incarceration) was:

- | | | |
|--|--|---|
| <input type="checkbox"/> less than \$10,000 | <input type="checkbox"/> \$10,001 to \$20,000 | <input type="checkbox"/> \$20,001 to \$30,000 |
| <input type="checkbox"/> 30,001 to \$40,000 | <input type="checkbox"/> \$40,001 to \$50,000 | <input type="checkbox"/> \$50,001 to \$60,000 |
| <input type="checkbox"/> 60,001 to \$70,000 | <input type="checkbox"/> \$70,001 to \$80,000 | <input type="checkbox"/> \$100,000 plus |
| <input type="checkbox"/> Disability income of \$ _____ | <input type="checkbox"/> Social Security Income \$ _____ | |
| <input type="checkbox"/> Other Income \$ _____ | | |

My employment history:

- Unemployed _____ months/years
- Retired _____ years
- Employed

Employer's Name: _____ Supervisor's Name: _____

Employer's Address: _____

Job Title: _____ Length of time employed: _____

CONSENT TO EVALUATION

I, the undersigned, request and give consent for a competency evaluation by

Dr. Harry L. Morgan, Ph.D., LMHC, CCSOTS, CFMHE
4507 19th Avenue West, Bradenton, FL 34209

This consent authorizes Dr. Morgan to perform psychometric, psychosexual, psychosocial instruments, personality testing, and other inventories necessary to provide a comprehensive evaluation that satisfies the professional and ethical standards of the American Psychological Association (APA), the American Counseling Association (ACA), the Association for the Treatment of Sexual Abusers (ATSA), and the forensic expectations of the court.

I have been informed of the nature and purposes of this service. I have been advised that this examination is confidential, in compliance with HIPAA, and that disclosure of information pertaining to this evaluation will not be released to anyone without my written consent. If a Forensic Mental Health Evaluation, Psychosexual, Risk Assessment OR Competency Evaluation has been prepared for an attorney, the continued confidentiality of the evaluation will be contingent on the decisions that I and my attorney make regarding disclosure of the report or listing Dr. Morgan as an expert witness in this case. This contingency also applies to Safe Children Coalition, Child Protective Services, federal or state courts, other official agencies, or any individual in an official capacity associated with or with whom I have granted authority with regard to my case.

I am informed of the statutory exceptions to confidentiality that include suicidal threats, homicidal threats and disclosure of abuse of children or the elderly, or court subpoenas issued by a judge. I understand there is no guarantee that the findings will be favorable to my case, only that they will be objective and truthful.

I understand that Dr. Morgan may consult with Dr. Ronald Aung-Din, a neurologist and psychiatrist, and the staff of Clinical & Forensic Mental Health Services. I understand that the confidentiality expected of Dr. Morgan applies to those with whom he consults.

I further give consent for my clinical interviews with Dr. Morgan to be audio/video recorded for accuracy of information I submit to him during my clinical interview(s) and quality purposes of the competency evaluation.

_____	_____
<i>Client's Signature</i>	<i>Date</i>
_____	_____
<i>Evaluator's Signature</i>	<i>Date</i>
_____	_____
<i>Office Manager's Signature</i>	<i>Date</i>