



## Evaluation Packet

Welcome to Integrity Counseling. We provide thorough, quality evaluations. The information that you provide us is very important. Please fully complete this questionnaire and submit it so that your evaluator can become familiar with your circumstances.

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### Today's Date

Date

### Name

First Name

Last Name

### Date of Birth

Date

### Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Home Phone Number

Area Code

Phone Number

**Work Phone Number**

Area Code

Phone Number

**Cell Phone Number**

Area Code

Phone Number

**Email**

example@example.com

**Social Security Number**

**Biological Sex at Birth:**

- Male
- Female
- Other

**Gender:**

- Male
- Female
- Nonbinary

**Preferred Pronouns**

- He, him, his
- She, her, hers
- They, them, their
- 

**May we leave messages at your home or cell phone number(s)?**

- Yes, home phone only
- Yes, cell phone only

- Yes to both home and cell phone
- No, you may not leave messages on any phone number(s)

**May we send appointment reminders via text message to the above cell phone number?**

- Yes
- No

**May we send appointment reminders to the above email address?**

- Yes
- No

**May we contact you via email if we cannot reach you by phone?**

- Yes
- No

**Name of Emergency Contact Person**

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First Name                  Last Name

**Phone Number of Emergency Contact Person**

	-	
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Area Code                                  Phone Number

**Who referred you to us for this evaluation?**

**Who will be receiving a copy of the evaluation?**

**What is the purpose of this evaluation? What question(s) are supposed to be answered? Why was the evaluation scheduled?**

**Which type of evaluation are you requesting?**

- Clinical substance use evaluation: a substance use evaluation that is not connected to the legal system, courts, or other legal processes
- Forensic substance use evaluation: a substance use evaluation that is connected to the legal system, courts, or other legal processes
- Clinical mental health evaluation: a mental health evaluation that is not connected to the legal system, courts, or other legal processes
- Forensic mental health evaluation: a mental health evaluation that is connected to the legal system, courts or other legal processes

**Do you need a full, typed report sent to someone, or do you just need a 1–page summary?**

- Full, typed report
- 1–page summary letter only

## **INTEGRITY COUNSELING, INC. POLICIES AND CONSENT TO TREATMENT**

### **EVALUATION POLICY**

Our objective is to provide a thorough and comprehensive evaluation of your mental health and/or substance use (alcohol and other drug use) to determine if you have one or more diagnosable mental health or substance use disorder(s), make appropriate recommendations, and/or to answer one or more questions raised by your referral source. We will provide you and/or your referral source with a written report of these findings.

### **EVALUATION FEES**

The base rate for our evaluations is as follows:

- Clinical substance use evaluation (summary): \$375, which includes a 2-hour interview, an hour of testing, and a 1-page letter summarizing the evaluation.
- Clinical substance use evaluation (full report): \$550, which includes a 2-hour interview, an hour of testing, and a full, typed report.
- Clinical mental health evaluation (summary): \$450, which includes a 2-hour interview, an hour of testing, and a 1-page letter summarizing the evaluation.
- Clinical mental health evaluation (full report): \$750, which includes a 2-to-3-hour interview, 1-to-2 hours of testing, and a full, typed report.
- Forensic substance use evaluation: \$750, which includes a 2-to-3-hour interview, 1-to-2 hours of testing, and a full, typed report.
- Forensic mental health evaluation: \$950, which includes a 2-to-4-hour interview, 2-to-3 hours of testing, and a full, typed report.

When additional work is needed, such as more than 2 hours of interview time, reviewing medical records, or interviewing others, then those services will be billed at an additional fee of \$150 per hour.

If you need the evaluator to provide expert testimony for court or another legal proceeding, the fee will be \$250 per hour, "portal-to-portal" (i.e., including travel time from the office to the site of the interview), with a 3-hour minimum. This means that the minimum rate would be \$750, which would be collected at least one week (7 days) prior to the scheduled court appearance.

## EVALUATION PROCESS

The evaluator is expected to provide an objective, unbiased, and thorough evaluation.

Your evaluator is not your therapist. This means that he or she is not trying to provide you with treatment nor help you accomplish your goals at this time. Instead, your evaluator is expected to obtain information and offer answers to the question(s) posed by your referral source(s). Anything that you tell your evaluator may be disclosed to your referral source(s) and can impact any court case or administrative or legal proceeding that is connected to the evaluation process. Consistent with clinical and ethical guidelines, evaluators base their conclusions on multiple data points rather than just one. Most evaluations consist of the following:

1. Clinical Interview: Your evaluator will meet with you face-to-face and ask you questions.
2. Testing: Your evaluator will administer, score, and interpret several written or computerized tests.
3. Records Review: Your evaluator may request medical, legal, psychological, vocational, or other records and review them for supplemental information. Your evaluator may also search online for information about you that is relevant to the referral question(s).

4. Collateral Interviews: Your evaluator may interview one or more other individuals to obtain additional information relevant to the referral question(s).

Upon completion of the evaluation process, the evaluator will create a report and send it to the referral source.

## RECOMMENDATIONS

We provide recommendations based on the data we collect in the course of the evaluation consistent with sound clinical and ethical practice. We are expected to be objective. We cannot make any guarantees as to what our conclusions will be.

You are welcome to ask questions, and we will gladly help you find resources for alternative/second opinion evaluations.

If education or treatment is recommended, we will assist you in finding appropriate services at another agency. Our policy is to provide either evaluation or treatment, not both. Depending on the type of evaluation, there are exceptions; for example, if your evaluation is not "forensic" in nature and it is in your best interest (you get to decide this), we may provide both services. An example might be that you were referred here by your employer or employee assistance program (EAP) and they may accept the financial responsibility for evaluation and treatment at this facility. In this case, it may be in your best economic interest to do both here and you would always have a choice of seeking services elsewhere.

## CONFIDENTIALITY

Federal and State laws protect your confidentiality (See [42 U.S.C. 290dd-3 and 290ee-3](#), [42 CFR, Part 2](#), and [45 CFR, Part 160 and subparts A and E of Part 164](#)) for federal laws and Florida Statutes [394.4615](#), [397.501\(7\)](#), [456.057\(6\)](#), [491.0147](#)). Your evaluator will not share information with any person outside of Integrity Counseling, Inc. without your written permission, except as required by law or as needed to file your insurance claim (if applicable). Information obtained from minors is not generally shared with parents without permission. HIPPA (Health Insurance Portability and Accountability Act) laws allow you access to your file and protect the electronic transfer of information.

**Exceptions to Confidentiality:** Federal and state regulations do not protect clients from disclosure of information when a client has been involved in a crime against evaluator property or personnel or when a client takes legal action against an evaluator, prompting appropriate authorities to obtain information related to the client's claims. We are required under State law to report suspected abuse of a child, elderly person, or individual with a disability. We may share limited information in the event of a medical emergency or in the event of a specialized court order signed by a judge. Your

evaluator must breach confidentiality if you report a specific plan or intent to cause serious bodily harm to an identifiable person.

While you are legally entitled to confidentiality, you may need to provide consent for us to report to your employer or some agency. This is at your discretion. For Department of Transportation (D.O.T.) evaluations, we do have a responsibility to “protect public safety”; therefore, the D.O.T. will be notified if you choose not to accept our recommendations (see [49 CFR, Part 40](#)).

In order to complete your evaluation, we may need to collect information from other sources to supplement your self-report, such as interviews with family members, other healthcare providers, probation officers, etc. If this evaluation will be used in a court proceeding, we will ask for a copy of the court order for the evaluation and other legal documents. The evaluator may also obtain information online or through public records relevant to your legal history, both criminal and civil.

## **FINANCIAL POLICY**

Full payment is due at time of service (unless prior arrangements have been made).

Please feel free to ask if you have any questions about our financial policy.

Understanding our financial policy is important to our relationship. You are responsible for the timely payment of your Account. Uncollected balances may be turned over for collection or reported to the State Attorney's office.

## **CANCELLATION POLICY**

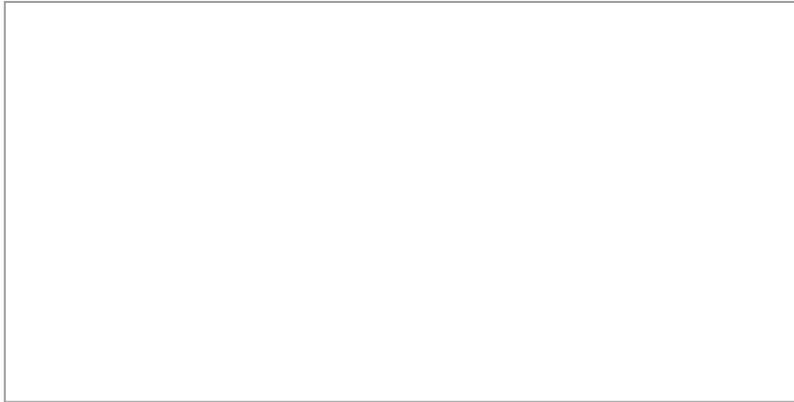
Please help us to serve you and others better by keeping your scheduled appointments. If you need to cancel or reschedule, please give us as much notice as possible so we can offer that time to someone else. Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$150 per hour. This will be billed to you. We may require prepayment in order to schedule a subsequent appointment.

## **CONSENT TO EVALUATION**

I am voluntarily seeking evaluation at Integrity Counseling, Inc. I understand that I have rights and responsibilities regarding my participation in evaluation, including the right to discontinue the evaluation. I understand that if my evaluation is related to a court case, legal proceeding, or administrative proceeding, everything I say to my evaluator can potentially play a role in my case or proceeding. With my signature below, I acknowledge that I have read, understand, and agree to all of the above. I also acknowledge that I have been given a copy of [HIPPA/Privacy Practices](#) implemented here at Integrity

Counseling. I understand that sessions are designed to be 45–52 minutes in length. I understand that I am responsible for all feels associated with the evaluation. I understand that Integrity Counseling does not provide emergency services. In a true emergency, I should call 911. If I am in crisis but not experiencing an emergency, I can call the National Suicide Prevention Hotline by dialing 988 or 1–800–273–8255, text a crisis counselor by texting HOME to 741741, or participate in an online chat with a crisis counselor at <https://suicidepreventionlifeline.org/chat/>.

**Signature of parent/guardian (if applicable)**



Clear

**CHECKLIST OF CONCERNS**

**The items below include common concerns that people have. Please mark all of them that apply to you, and feel free to add any others at the bottom under "other."**

- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distactibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions

- Delusions (false ideas)
- Divorce, separation
- Drug use--prescription medications, over-the-counter medications, street drugs
- Eating problems--overeating, undereating, appetite, vomiting (see also "Weight and diet issues")
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headache, other kinds of pains
- Health, issues, medical concerns, physical problems
- Inferiority feelings
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
- Legal matters, charges, lawsuits
- Loneliness
- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Panic or anxiety attacks
- Parenting, child management, single parenthood, or blended family-related concerns
- Perfectionism
- Pessimism
- Procrastination, work inhibitions, laziness
- Relationship problems (with friends, with relatives, or at work)

- School problems (see also "Career concerns")
- Self-centeredness
- Self-esteem
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- Shyness, oversensitivity to rejection
- Sleep problems--too much, too little, insomnia, nightmares, sleep paralysis
- Smoking and tobacco use
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management, stress disorders, tension
- Suspiciousness
- Suicidal thoughts
- Temper problems, self-control, low frustration tolerance
- Thought disorganization and confusion
- Threats, violence
- Weight and diet issues
- Withdrawal, isolation
- Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition
- 

### SYMPTOM QUESTIONNAIRE

The questions below ask about things that might have bothered you. For each question, select the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?

#### 1. Little interest or pleasure in doing things?

0	1	2	3	4	
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

**2. Feeling down, depressed, or hopeless?**

0 1 2 3 4

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None      Severe

**3. Feeling more irritated, grouchy, or angry than usual?**

0 1 2 3 4

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None      Severe

**4. Sleeping less than usual, but still have a lot of energy?**

0 1 2 3 4

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None      Severe

**5. Starting lots more projects than usual or doing more risky things than usual?**

0 1 2 3 4

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None      Severe

**6. Feeling nervous, anxious, frightened, worried, or on edge?**

0 1 2 3 4

---

None      Severe

**7. Feeling panic or being frightened?**

0 1 2 3 4

---

None      Severe

**8. Avoiding situations that make you anxious?**

0 1 2 3 4

---

None      Severe

**9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?**

	0	1	2	3	4	
None	<input type="radio"/>	Severe				

**10. Feeling that your illnesses are not being taken seriously enough?**

	0	1	2	3	4	
None	<input type="radio"/>	Severe				

**11. Thoughts of actually hurting yourself?**

	0	1	2	3	4	
None	<input type="radio"/>	Severe				

**12. Hearing things other people couldn't hear, such as voices even when no one was around?**

	0	1	2	3	4	
None	<input type="radio"/>	Severe				

**13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?**

	0	1	2	3	4	
None	<input type="radio"/>	Severe				

**14. Problems with sleep that affected your sleep quality over all?**

	0	1	2	3	4	
None	<input type="radio"/>	Severe				

**15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?**

	0	1	2	3	4	
None	<input type="radio"/>	Severe				

**16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
None	<input type="radio"/>	Severe				

**17. Feeling driven to perform certain behaviors or mental acts over and over again?**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
None	<input type="radio"/>	Severe				

**18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
None	<input type="radio"/>	Severe				

**19. Not knowing who you really are or what you want out of life?**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
None	<input type="radio"/>	Severe				

**20. Not feeling close to other people or enjoying your relationships with them?**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
None	<input type="radio"/>	Severe				

**21. Drinking at least 4 drinks of any kind of alcohol in a single day?**

- Not at all
- Rare, less than a day or two
- Several days
- More than half the days
- Nearly every day

**22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?**

- Not at all
- Rare, less than a day or two
- Several days
- More than half the days

- Nearly every day

**With my electronic signature, I acknowledge that I understand the above information and consent to evaluation/assessment at Integrity Counseling, Inc.. Note: Use your mouse (if using a computer) or finger/stylus (if using a mobile device) to sign your name.**

Clear

**23. Using any of the following medicines ON YOUR OWN, that is, without a doctor’s prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?**

- Not at all
- Rare, less than a day or two
- Several days
- More than half the days
- Nearly every day

### PSYCHOSOCIAL HISTORY

#### Treatment History

Have you ever participated in counseling, psychotherapy, psychiatric/mental health treatment, or substance abuse treatment? If so, please complete the following information to the best of your ability:

	Date(s)	Provider	Purpose/Focus of Treatment	Outcome
1st Treatment Episode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2nd Treatment Episode				
3rd Treatment Episode				
4th Treatment Episode				
5th Treatment Episode				

### Trauma History

**Did you experience any physical, sexual, or emotional/psychological abuse or neglect during childhood or as an adult? If so, please describe:**

**Have you had any experiences you'd consider to be traumatic (e.g., threat of serious harm/injury, natural disaster, victim of a crime, traumatic losses/deaths, etc.)? If so, please describe:**

### Family Psychiatric History

**Has anyone in your family ever been diagnosed or treated for a mental health disorder or for an alcohol- or drug-related problem? Has anyone had these problems but not been treated? If either apply, please indicate below:**

	Family Member	Problem/Disorder	Describe Treatment (if any)
Family Member #1			
Family Member #2			
Family Member #3			
Family Member #4			

Family Member #5

### Medical Conditions & History

**Do you have any current or recent medical/physical concerns?**

- Yes
- No

**If you answered "yes," please describe:**

**Do you have a primary care physician?**

- Yes
- No
- Not sure

**If "yes," what please provide us with...**

**Name of Primary Care Physician:**

First Name

Last Name

**Phone Number of Primary Care Physician:**

Area Code

Phone Number

**Have you had an annual exam or a physical with your physician in the past 12 months?**

- Yes
- No
- Not Sure

**If "yes," about how long ago was your exam?**

**Was any bloodwork done?**

- Yes
- No
- Not Sure

**If "yes," what were the results?**

**Do you have health insurance?**

- Yes
- No

**Please describe any history of surgeries, significant medical procedures, ER visits, or major illnesses (including dates, if possible):**

**Current Medications:**

	Name of Medication	Dosage	Prescribing Physician	Purpose of Medication
Medication #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication #4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medication #5				
Medication #6				
Medication #7				
Medication #8				
Medication #9				
Medication #10				

**Please list or describe any allergies you have:**

### Sustance Use History

**Do you have any problems or concerns with your use of any of these substances?**

- Yes
- No
- I don't know

### Family History

**Were you adopted?**

- Yes
- No

**Who lived with you growing up?**

**Did you have brothers or sisters?**

- Yes
- No

**If so, list their names and ages:**

**Did you/do you have stepparents?**

- Yes
- No

**How would you describe your family growing up?**

**What was your parents' relationship like with each other growing up?**

**What was your relationship with your mother like growing up?**

**What is your relationship like with her now (if living)?**

**What was your relationship with your father like growing up?**

**What is your relationship with him like now (if living)?**

**Did you experience any physical, emotional/psychological, or sexual abuse or neglect as a child or as an adult?**

- Yes  
 No  
 Not sure

**If "yes" or "Not sure," please describe:**

**What is your relationship status (check all that apply)?**

- Single  
 Married  
 Dating  
 Co-Habiting  
 Divorced  
 Separated  
 Open Relationship/Non Monogamy/Polyamorous

It's Complicated

**Do you have children?**

- Yes
- No

**If "yes," please list names, gender, and ages:**

### Social, Spiritual, and Developmental History

**Where were you born?**

**Where did you live growing up?**

**Were there any complications with your birth?**

- Yes
- No
- Don't Know

**Were there any developmental delays growing up?**

- Yes
- No
- Don't Know

**If "yes," please describe:**

**What were your friendships like growing up?**

**Describe your friendships now:**

**Who do you turn to for support?**

**How many serious relationships have you been in in your life?**

**Describe your history of romantic relationships:**

**Are you in a relationship now?**

- Yes
- No
- It's complicated

**If so, for how long?**

**Describe your relationship with your significant other(s) (if applicable):**

**Who do you live with?**

**Describe your sexual orientation:**

- Heterosexual/(i.e., "straight")
- Homosexual (i.e., "gay," "lesbian")
- Asexual
- Bisexual
- Pansexual
- Questioning
- 

**Describe your religious or spiritual beliefs:**

**Describe any social groups or institutions you are involved in (e.g., clubs, associations, congregations, etc.)**

**What do you do in your spare time?**

### Educational and Vocational History

**What was school like for you growing up?**

**What is the highest level of education/highest grade you completed?**

**Did you go to a college, grad school, or vocational trade program?**

- Yes
- No

**If yes, describe your education/training (e.g., completed or not, degree(s), major(s), certification(s), etc.)**

**Describe any educational goals you may have for the future:**

**Describe your employment history:**

**Are you working now?**

- Yes
- No

**What is your profession/occupation?**

**What is your annual income?**

**Describe any vocational/occupational goals you may have for the future:**

### Legal History

**Have you ever been arrested?**

- Yes
- No

**If so, when and what charge(s)?**

**Have you ever been involved in a lawsuit?**

- Yes
- No

**If yes, please describe:**

### **Strengths and Weaknesses**

**What are your strengths?**

**What are your weaknesses?**

**Is there anything else you want your evaluator to know before your appointment?**

Submit

