Forensic Evaluation Preparation Form

Advanced Cognitive Health

Purpose of This Form

This form is designed to help you organize information that may be relevant to your forensic or court-related behavioral health evaluation. Please provide information as accurately as possible. If you do not know an answer or believe a question does not apply, you may indicate that.

Completion of this form does not determine the outcome of an evaluation. Additional information, records, interviews, or collateral sources may be requested depending on the referral question.

CLIENT / EXAMINEE INFORMATION

Full Name: _____
Date of Birth: _____
Date Completed: _____
Preferred Contact Information: _____

1. REFERRAL INFORMATION

Type of evaluation, if known:
☐ Immigration
☐ Criminal Mitigation
☐ Court-Related Substance Use
☐ Trauma & Emotional Damages
☐ Other: _____

Referring Attorney / Agency / Organization: _____
Attorney or Contact Person: _____
Case Number, if applicable: _____
Court or Jurisdiction, if applicable: _____
Upcoming deadline or court date, if known: _____

What have you been told is the primary reason for this evaluation?
_____
_____

2. CURRENT CONCERNS & FUNCTIONING

Please describe the concerns or circumstances most relevant to the evaluation:
_____

_____

Have you recently experienced changes in any of the following?
☐ Mood
☐ Anxiety or fear
☐ Sleep
☐ Concentration
☐ Relationships
☐ Work or school functioning
☐ Daily activities
☐ Substance use
☐ Trauma-related symptoms
☐ Other: _____

3. MENTAL HEALTH & TREATMENT HISTORY

Previous mental health diagnoses, if any:
_____

Current or previous therapy/counseling:
_____

Previous psychiatric treatment or hospitalization:
_____

Previous behavioral health or psychological evaluations:
_____

4. TRAUMA & SIGNIFICANT LIFE EVENTS

Have you experienced traumatic, violent, threatening, or otherwise significant events that may be relevant to this evaluation?
☐ Yes ☐ No ☐ Prefer to discuss during the interview

If you wish, briefly describe:
_____
_____

5. SUBSTANCE USE & TREATMENT HISTORY

Current or previous alcohol or substance use concerns, if applicable:
_____

Previous substance use evaluations or treatment:

_____

Current recovery supports, monitoring, or treatment, if applicable:

_____

6. MEDICAL & MEDICATION INFORMATION

Relevant medical conditions or history:

_____

Current medications and prescribing providers:

_____

7. LEGAL / CASE INFORMATION

Briefly describe the legal or court-related matter connected to this evaluation, if applicable:

_____

_____

Please identify relevant upcoming hearings, proceedings, deadlines, probation requirements, immigration matters, or other case-related information:

_____

_____

8. RECORDS AVAILABLE FOR REVIEW

Please indicate records that may be available:

☐ Medical records
☐ Mental health treatment records
☐ Substance use treatment records
☐ Previous evaluations
☐ Medication records
☐ Court/legal documents
☐ Immigration documents
☐ Employment records
☐ Educational records
☐ Other: _____

9. COLLATERAL CONTACTS

Depending on the referral question, the evaluator may request permission or authorization to obtain information from other individuals or professionals.

Potential relevant contacts may include:

Name: _____ Relationship/Role: _____
Name: _____ Relationship/Role: _____
Name: _____ Relationship/Role: _____

Please do not contact collateral sources on behalf of the evaluator unless specifically requested.

10. ADDITIONAL INFORMATION

Is there additional information you believe the evaluator should know?
_____
_____
_____

Acknowledgment

I understand that this preparation form is intended to assist with gathering background information and does not replace the forensic interview, records review, assessment procedures, or other components of the evaluation.

Signature: _____ Date: _____

Advanced Cognitive Health
Forensic & Court-Related Behavioral Health Evaluations