



255 18th Street SE, Hickory, NC 28602
(828) 327-6633 / Fax (828) 327-3385

Psychological Evaluation/Parenting Capacity Evaluation DSS Referral Form

Client Name:

DOB:

Address:

Phone (home)

(work)

(cell)

Name of assigned social worker:

SW phone number:

SW fax number:

Supervisor's name:

Supervisor's phone number:

Is the evaluation court ordered? (if yes, please attach court order)

Next court date:

Please list children's names, ages, and current placement:

Please briefly state how DSS became involved in this case?

Is client currently receiving other services? (mental health, substance abuse, etc.)

Is DSS requesting a psychological evaluation or a parenting capacity evaluation?

Please indicate the agency's specific concerns related to this case:

What questions/issues are you hoping to have addressed by the psychological or parenting evaluation?

****Please attach relevant documentation including criminal records, petitions, court reports, court orders, previous evaluations**

For Crossroads Counseling Center use only:

Psychologist assigned: _____

Initial appointment date: _____