



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

## Psychological Evaluation/Parenting Capacity Evaluation DSS Referral Form - County \_\_\_\_\_

Client Name:

DOB:

Address:

Phone (home)  
(work)  
(cell)

Social worker's name:

SW phone number:  
SW fax number:  
SW email address:

Supervisor's name:

Supervisor's phone number:

Is the evaluation court ordered?  No  Yes (if yes, attach court order)

Next court date:

List children's names, ages, and current placement:

Briefly state how DSS became involved in this case:

Is the client currently receiving other services? (mental health, substance abuse, etc.)  No  Yes

DSS requesting:  Psychological Evaluation  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:** \_\_\_\_\_