

DONALDSON WELLNESS CENTER

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Licensed Psychologist

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www.donaldsonwellnesscenter.com

Agreement for Psychological Testing and Evaluation Services

Type of assessment: ☐ **Fitness for Duty** ☐ **Competency** ☐ **Police (L-3)**
 ☐ **Tex Workforce** ☐ **Fire** ☐ **Other**_____

If you are seeking services from our office for a psychological evaluation or for psychological assessment rather than, or in addition to counseling/psychotherapy services, you should be aware of the following considerations.

I understand that the assessment services may include face-to-face interviewing and administration of tests, questionnaires, checklists, and other assessment methods. They may also include the psychologist's time required for the reading of records, consultations with other psychologists and professionals, scoring of tests, interpreting the results, constructing a report about the results and findings, and other activities to support these services. If you have questions or concerns about this assessment, the psychologist will answer your questions, although some answers may be deferred until after completion of the testing and interview. The psychologist's ability to share the findings, results, and recommendations with me may be limited by request of the referring entity.

The assessment has been requested by:

I understand that the purpose of this evaluation is to provide information regarding the following question(s):

I understand that a report of the findings of this assessment will be sent to

and that that organization, lawyer, entity, or its designate will be responsible for disclosure or distribution of this report. That means that the organization, lawyer, or entity noted above will have access to the report and sole authority over how and whether the findings will be released to others. In general, the release of the assessment information and results is restricted to release to the requesting entity. Our office may not have the authority to release information to you without the entity's written permission.

I understand that the office of The Donaldson Wellness Center will perform the following services:

1. Psychological testing, assessment, or evaluation at the request and direction of the entity named, and will
 2. Release the findings, conclusions, and recommendations to:
- _____

I understand that the fee for this (these) service(s) will be \$_____ per hour, or a total of \$_____, and that this fee is to be paid by:_____

Ordinarily, the results of the assessment will be made available to the requesting entity within _____ days.

If dissemination of the results will be substantially longer than that time, our office will notify the requesting entity.

I understand that if a diagnosis is assigned, the diagnosis is not made based on the results of any single assessment instrument alone. Rather a diagnosis is made while considering all test results, the clinical interview, historical information obtained, review of collateral documents, and observations made during the assessment.

This assessment does not presently entail testimony before any court. If testimony is sought in the future, the psychologist will notify the requesting entity, and will request that you receive notification.

I agree to cooperate and to participate as diligently I can by supplying full and accurate answers and making a sincere effort to do my best on all of the tests and interviews. I understand that I may refuse to answer any question or terminate the evaluation whenever I wish. I understand that whatever I say during this evaluation may later be the subject of inquiry. I understand that the evaluator is required to notify authorities if the evaluator believes or suspects that a child is abused, or if the evaluator has reason to believe that I may harm others or myself. I have discussed the issues above with the psychologist who has answered any questions I have raised. I assert that I am fully competent to give informed and willing consent to this assessment.

Date _____

Signature of client (or parent/guardian)

Client's printed name

I, the psychologist, have discussed the issues above with the client (and/or his or her parent or guardian) and answered any questions raised. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Date ____/____/____

Signature of psychologist

ADULT CLIENT HISTORY

Name: _____ Date of Birth: _____ Age: _____

Race/Ethnicity: _____ Sex: M ___ F ___ Other: _____

Referred by: _____

Reason for Referral: _____

Family Members/Others Residing in Home

Age

Relationship to Client

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Marital Status: Single Married Widowed Separated Divorced Common Law

Family of Origin

Please answer questions as it was during your childhood/adolescence.

FATHER: _____ Age (current, if living): _____

Occupation: _____ Highest Level of Education: _____

Describe your father/child relationship: _____

MOTHER: _____ Age (current, if living): _____

Occupation: _____ Highest Level of Education: _____

Describe your mother/child relationship: _____

With whom did you live during your childhood? _____

Where did you grow up? _____

Describe your childhood: _____

Describe your adolescence: _____

Have there been any significant deaths or losses in your family? Y or N If Yes, please explain: _____

Maternal Family Psychiatric History (If so, who?)

Depression/Sadness _____

Suicidal Ideation/Attempt _____

Anxiety/Excessive Worry _____

Panic Attacks _____

Bipolar Disorder _____

Obsessive-Compulsive Tendencies _____

Schizophrenia _____

Attention Problems/ADHD _____

Learning Problems _____

Alcohol/Drug Use _____

Problems with the Law _____

Seizures _____

Paternal Family Psychiatric History (If so, who?)

Depression/Sadness _____

Suicidal Ideation/Attempt _____

Anxiety/Excessive Worry _____

Panic Attacks _____

Bipolar Disorder _____

Obsessive-Compulsive Tendencies _____

Schizophrenia _____

Attention Problems/ADHD _____

Learning Problems _____

Alcohol/Drug Use _____

Problems with the Law _____

Seizures _____

Medical History

Have you had any history of, difficulty with, or diagnosis of any of the following?:

☐ Allergies

☐ Arthritis

☐ Asthma

☐ Broken Bones

☐ Cancer

☐ Diabetes

☐ Eating Disorder

☐ Emotional

☐ Epilepsy/Seizures

☐ Fainting

☐ Head injury/concussion

☐ Heart Problems

☐ Hearing Problem

☐ Hepatitis

☐ Headaches/Migraines

☐ Lung problems

☐ Liver problems

☐ HIV+/AIDS

☐ Liver problems

☐ STD

☐ Organ transplant

☐ Osteoporosis

☐ Shortness of breath

☐

☐ Stroke

☐ Tobacco use

☐ Substance/Alcohol abuse

☐ Thyroid problems

☐ Other: _____

Please list all medications you are currently prescribed and/or are using and for what reason: _____

Mental and Emotional History

Please check any of the following problems that pertain to you:

- | | | | | |
|---------------------------------------|--|--|--|--|
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Anger | <input type="checkbox"/> Anxiety/nervousness | <input type="checkbox"/> Appetite | <input type="checkbox"/> Body image |
| <input type="checkbox"/> Children | <input type="checkbox"/> Depression | <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Divorce | <input type="checkbox"/> Educational problems |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Feelings of inferiority | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Health problems | <input type="checkbox"/> Illicit Drug Use |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Legal matters | <input type="checkbox"/> Marital problems |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Parenting | <input type="checkbox"/> Post-traumatic stress |
| <input type="checkbox"/> Self-Control | <input type="checkbox"/> Separation | <input type="checkbox"/> Prescription drug abuse | <input type="checkbox"/> Sexual problems | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Social problems | <input type="checkbox"/> Stomach trouble | <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Suicide attempt |
| <input type="checkbox"/> Temper | <input type="checkbox"/> Thoughts | | | |

Have you ever been abused? Y or N (circle one and all that may apply)

Sexually Verbally Physically Mentally Emotionally Other: _____

If Yes, who was the abuser? _____

Have you ever participated in therapy? _____ Psychological testing? _____

With whom? _____ Diagnosis Assigned? _____

Was the previous treatment beneficial? Y or N (circle one) Please explain: _____

Educational and Employment History

What is your highest level of education? _____

Where did you attend school? Include high school, college, trade schools, etc. _____

Did you have difficulty in school? Yes or No (circle one)

If yes, please explain: _____

Describe your employment history for the past five years beginning with your current position:

Employer	Position	Time in Job	Reason for leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever served in the military service? Yes or No (circle one) If yes where? when? _____

Which branch? _____ Rank? _____

Did you ever serve in combat? Yes or No (circle one) If yes, please describe your experience. _____

Legal History

Have you ever been arrested? Yes or No (circle one) If yes, please explain:

Have you ever been incarcerated? Yes or No (circle one) If yes, please explain:

Are problems with the law currently a concern for you? Yes or No (circle one) If yes, please explain:

Recreational and Leisure Activities

Do you have any hobbies? Yes or No (circle one) Explain:

Do you socialize with others? Yes or No (circle one) Explain:

Strengths and Weaknesses

What do you think are your biggest personal strengths?

1.

2.

3.

What do you think are your biggest personal weaknesses/limitations?

1.

2.

3.

Signature