

Psychological Evaluation Intake

Fax: 616 458-8129 OR Email: helpdesk@hrapsychservices.com

Type of Evaluation: Court Order Attorney Referral Physician Self-Referred

Person to be Evaluated: _____ Gender: M F

Address _____ City _____ State ____ Zip _____

Age _____ DOB _____

Primary Phone: _____ Email: _____

Purpose of Eval: _____

Report is needed by what date? _____

Party Responsible for Payment: _____

Court Orders Only:

Court Order? Yes No If yes, Order provided Prior to Evaluation At Time of Appointment

Court Date: _____ Report to be submitted to whom? _____

Address for submitting report: _____

NOTE: For Court Ordered Evaluations, ½ payment is due at time of service. The balance must be paid in full before the report is released by HRA.

For Minors Only: Parents: Married Separated Divorced Single Parent

Mother's Name _____ Father's Name _____

Currently Living In: Resides with parent(s) Foster Care (Name: _____)

Residential Facility _____

Name of person requesting the evaluation: _____

Referral Name/Organization: _____

Report submitted to whom? Name: _____

Address: _____ Email: _____