Emory University Psychological Center

Adult Evaluation Request Form

Please complete the following written screening form. Once we have received this form, we may contact you by phone to conduct a follow-up interview. Based on this information we will determine if we will be able to accept you for an assessment during the Summer 2017 semester.

Name: ___________________________________________  Sex: __________________

Address: ___________________________________________  Date of Birth: ______

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Best phone number at which to reach you: ____________________________

OK to leave messages?  Y / N

School (if applicable):___________________________  Year in school: __________

Employment: _________________________________________________________________

What is the reason you are requesting an evaluation?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is the evaluation needed for any specific purpose?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please check any of the following that are concerns and briefly describe:

____  Attention:  _____________________________________________________________

________________________________________________________________________

________________________________________________________________________

____  Academic Performance: _________________________________________________

________________________________________________________________________

________________________________________________________________________

____  Job Performance: _____________________________________________________

________________________________________________________________________
___ Depression: ____________________________________________________________
______________________________________________________________

___ Anxiety: __________________________________________________________
______________________________________________________________

___ Drugs/Alcohol: _____________________________________________________
______________________________________________________________

___ Other: __________________________________________________________________
______________________________________________________________

Have you had a previous evaluation? If so, when and by whom?
____________________________________________________________________________
____________________________________________________________________________

Any Medical Issues? Medications? ______________________________________________
____________________________________________________________________________

Are you employed by Emory University?   Y / N

Is there anything else you would like us to know?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The form must be received in our office by fax, or post-marked by Friday, March 3, 2017.

You will hear back from us, either by mail/fax or by phone by Friday, March 10, 2017. If you are accepted for an evaluation, the **full fee of $700** (which includes a non-refundable fee of $100) is required to reserve your spot, and **must be received by our office within 1 week** of your acceptance.

We receive many more requests for testing than we have spaces for each semester. Availability of assessment services is limited by the training needs of our students. If we do not have availability or it is determined that other resources would be more helpful to you, appropriate referrals will be provided.

Fax: (404) 727-1284  Phone: (404) 727-7451

Mailing Address:   Emory University Psychological Center
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                  36 Eagle Row
                  Room 502
                  Atlanta, GA 30322