

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.

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?

Please fax or mail to our office (fax preferred method) to be considered for one of our clinician openings.

If you are accepted for an evaluation, the **full fee of \$850 is due and must be received by our office within 1 week of your acceptance.** Please submit two checks made payable to: Emory Psychological Center: one for \$100 (non-refundable administrative fee) and one for \$750. These checks are required to reserve your spot.

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
 C/O Nelson Sears
 36 Eagle Row, Room 502
 Atlanta, GA 30322