

DSS Referral - Adult

In order to provide you with quality evaluations, including the most accurate diagnoses and appropriate recommendations, it is helpful to have collateral information regarding the client's history, including pertinent legal, medical, and mental health involvement. To that end, we offer the following checklist of information that we find most useful. If you have a large number of pages to send, we prefer that you mail the packet or send it via e-mail attachments.

Please provide the following information, to the extent it is available:

\_\_\_\_ Name of client

\_\_\_\_ Date of birth

\_\_\_\_ Client's phone number

\_\_\_\_ Client's current mailing address

\_\_\_\_ Reason for referral, including a brief explanation of the circumstances that led to the loss of custody of their child(ren).

\_\_\_\_ Any known mental health problems, including hospitalizations, therapies, or other interventions.

\_\_\_\_ Current medications, if known.

\_\_\_\_ A brief description of the DSS treatment plan.

\_\_\_\_ Any particular questions you would like to have addressed in the evaluation.

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