

THE FORT CHRISTIAN PSYCHIATRIC CENTER
SHAW WENDI FORTUCHANG, M.D., P.C.
BOARD-CERTIFIED IN ADULT, CHILD & ADOLESCENT AND FORENSIC PSYCHIATRY
110 NORTH PARK DRIVE, FAYETTEVILLE GA 30214
(PH) 770-376-6726 WWW.THEFORTCHRISTIAN.COM (FAX) 770-376-6727

FORENSIC EVALUATION REFERRAL FORM

Please complete this form in its ENTIRETY

Provider Information

Name of Referring MD/Therapist: _____ Title: _____
Name of Practice: _____
Address: _____
Office #: _____ Fax #: _____ Email: _____

Type of Evaluation Requested:

Competency to Stand Trial ____ Independent Medical Evaluation (IME) ____
Criminal Responsibility ____ Psychiatric Disability ____
Custody ____ Violence Risk Assessment ____
Fitness for Duty ____ Other ____

Information Regarding the Referred

Briefly describe the specific reasons for this referral:

Is there a court order involved? Yes ____ No ____ (If YES, then please attach a copy)

Is the referred currently in psychotherapy? Yes ____ No ____ (If YES, then please attach notes)

Has the referred ever received inpatient psychiatric treatment? Yes ____ No ____

Is there a history of suicide attempt(s)? Yes ____ No ____

First Name: _____ MI: _____ Last Name: _____
DOB: _____ Address: _____
Home # _____ Mobile # _____ Email: _____
Highest Degree Earned: _____ Place of Employment: _____

Please check the following applicable area(s) of concern:

ADHD ____ Mood Disorder (Depressive D/O, Bipolar D/O) ____
Anxiety D/O ____ Obsessive Compulsive D/O ____
Autism Spectrum D/O ____ Panic D/O (Panic Attacks) ____
Behavioral D/O ____ Personality D/O ____
Eating D/O ____ Psychotic D/O (AVH/Obsessions/Delusions/Schizophrenia) ____
History of Violence/Dangerousness/Homicidal Ideation ____ PTSD ____
Intellectual Disabilities ____ Substance Use D/O ____
Learning D/O ____ Self-Injurious Behaviors ____
Legal History ____ Suicidality/Suicidal Ideation ____
Medical Conditions ____ IEP/504 PLAN ____

Please comment further on the item(s) checked above:

THE FORT CHRISTIAN PSYCHIATRIC CENTER
SHAW WENDI FORTUCHANG, M.D., P.C.
BOARD-CERTIFIED IN ADULT, CHILD & ADOLESCENT AND FORENSIC PSYCHIATRY
110 NORTH PARK DRIVE, FAYETTEVILLE GA 30214
(PH) 770-376-6726 WWW.THEFORTCHRISTIAN.COM (FAX) 770-376-6727

FORENSIC EVALUATION REFERRAL FORM

Please list ALL prescribed medication: