



MICHELLE GOURLEY  
& ASSOCIATES

M. Michelle Gourley, MFT, LCSW, JD  
1390 South 1100 East, Suite 203  
Salt Lake City, UT 84105  
Cell: (801) 209-2220  
E-Mail: [m.michellegourley@gmail.com](mailto:m.michellegourley@gmail.com)

## Sex-Specific Assessment/Consultation Request

### CLIENT INFORMATION

Client Name: \*\*  
DOB/Age: \*\*/\*\*  
Social Security No.: \*\*  
Contact Client at: \*\*  
Client's Current Residence.: \*\*  
Address : \*\*  
Address (Line 2): \*\*

### PARENT/GUARDIAN INFORMATION

Parents(Guardian(s)): \*\*  
Home Phone: \*\*  
Father/Guardian Cell: \*\*  
Mother/Guardian Cell: \*\*  
Home Address: \*\*  
Address (Line 2): \*\*

### OUT-OF-HOME PLACEMENT INFORMATION

Current Placement: \*\* [ ] N/A  
Current Therapist: \*\*  
Phone: \*\*  
Cell / Other: \*\*  
Address:  
Address (Line 2): \*\*

[ ] N/A [ ] Educational Consultant:  
Phone: \*\*  
Cell / Other: \*\*  
Address:  
Address (Line 2): \*\*

Attorney: \*\*  
Phone: \*\*  
Cell / Other: \*\*  
Address:  
Address (Line 2): \*\*

[ ] N/A [ ] Intake Probation Officer  
Phone: \*\*  
Cell / Other: \*\*  
Address:  
Address (Line 2): \*\*

### COLLATERAL INFORMATION REQUESTED: (Please Include Additional Information if Available)

Collateral Information Sent by:  Email:  Post  Other: \_\_\_\_\_

Date Collateral Information Was Sent: \_\_\_/\_\_\_/\_\_\_ Information included: (Check all that apply)

- Social and/or Family History Information.
- Prior/Current Mental Health Records and Psychological Assessments
- Prior/Current Treatment Evaluations and/or Treatment Records
- Prior/Current Educational/ I.Q. Testing/ I.E.P.
- Criminal Investigation Police / Sheriff Records / Reports
- Offense statements from victim, (incident reports, police / sheriff reports, etc)
- Juvenile Court Extended Rap Sheet [Form Five]
- Legal: Petition or Information with Probable Cause Statement
- Child Protective Services Investigation Reports and Activity Logs
- Probation / Parole / Juvenile Justice Services / Child and Family Services Reports
- Other:

DESCRIBE CONCERNING SEXUAL BEHAVIOR/MISCONDUCT AND/OR PROBLEMS REQUIRING SEX-

**SPECIFIC ASSESSMENT:** (Where applicable include any charge(s) as listed on Juvenile Court Petition/District Court Information):

**PURPOSE / SPECIFIC QUESTION(S) YOU WOULD LIKE ANSWERED BY THE ASSESSMENT:**

- What level of treatment / supervision would best address the youth's, youth's family's needs?
- Is sex-specific treatment appropriate? If so, identify areas of concern for focus in youth's/family's treatment and supervision.
- Are there any issues identified that might require any other type of evaluation or treatment?
- Risk Assessment: What factors exacerbate or minimize the youth's risk (sexual and/or non sexual – delinquency, substance abuse, academic problems, attachment issues, learning deficits, suicidal, homicidal etc.)?
- Other? **Please describe:** \*\*