## **Psychosexual Evaluation**

Client Information
Name:
Date of Birth:
Date of Evaluation:
Referring Clinician:
Reason for Evaluation:
Background Information
Medical History:
Psychiatric History:
Previous Therapy/Treatment:
Current Medications:
Sexual History
Age at Sexual Maturity:
First Sexual Experience:
Current Sexual Practices:

Sexual Orientation and Identity:
Significant Past Relationships:
Current Relationship Status:
Presenting Problem
Primary Sexual Concerns:
Duration of the Problem:
Perceived Cause(s) of the Problem:
Impact on Relationship(s):
Behavioral Observations
Client's Attitude Towards the Evaluation:
Emotional State During Interview:
Level of Insight into Sexual Behavior:
Cooperation with Evaluation Process:

Assessment Instruments Used
Sexual Desire Inventory:
Sexual Functioning Questionnaire:
Risk Assessment for Sexual Offense (if applicable):
Other (specify):
Clinical Interview
Attitudes Toward Sexuality:
Understanding of Consent:
Use of Pornography:
Paraphilic Interests or Behaviors:
History of Sexual Abuse or Trauma:
Consistency in Sexual Interests:

Psychosocial Factors
Mental Health Status:
Substance Use/Abuse:
Stress and Coping Mechanisms:
Social Supports:
Risk Assessment
Risk of Harm to Self/Others:
Risk of Recidivism (if applicable):
Protective Factors:
Diagnostic Impression
DSM-5 Diagnoses:
Sexual Dysfunction(s):
Paraphilic Disorder(s):
Recommendations and Treatment Plan
Therapeutic Interventions:
Referral to Specialists (if needed):

Follow-Up and Monitoring:
Client Education:
Summary
Evaluator's Comments:
Prognosis:
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Signature of Evaluator:
Date:
Client Consent for Evaluation and Treatment
I consent to the psychosexual evaluation and understand the confidentiality and limits thereof.
Client's Signature:
Date:

## Note:

This template is designed for use by clinicians trained in conducting psychosexual evaluations. It's important to approach the evaluation with sensitivity and professionalism, ensuring the client's comfort and confidentiality throughout the process.