



## **Required Mental Health Evaluation from Psychiatrist or Clinical Psychologist**

When completed by the clinician, this report is sent to the Bishop and remains in the applicant's permanent file. It may be shared with the Standing Committee and other canonically established bodies involved the set apart of a Deaconess.



**Required Mental Health Evaluation  
From the Psychiatrist or Clinical Psychologist  
for the Office of Deaconess in the  
Episcopal Diocese of Fort Worth**

To The Right Reverend: \_\_\_\_\_

The Bishop of the Episcopal Diocese of Fort Worth

Name of Applicant: \_\_\_\_\_

Date and Length of Examination \_\_\_\_\_

The Episcopal Diocese of Fort Worth, 2900 Alameda Street, Fort Worth, Texas 76108

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the applicant for the office of Deaconess?

Yes No

2. Are there any signs in the present behavior of the applicant that suggest that, in your opinion, this person may become ill under the pressure of the deaconess' life?

Yes No

3. What is your impression of the applicant's ability to respond adequately and appropriately to the emotional demands placed upon her by the work of her ministry?

Good Fair Doubtful Poor No Comment

4. What is your impression of the likelihood of the applicant becoming unstable or dysfunction as a result of the nervous strain engendered by the role of the deaconess?

Unlikely Likely Probably No Comment

5. Have you reviewed a signed Behavior Screening Questionnaire completed by the applicant?

Yes No

6. Are your conclusions based in part on review of the Life History Questionnaire?

Yes No

Signature of Examiner (M.D. or Ph.D) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

E-mail \_\_\_\_\_