



Canadian Guidelines for Forensic Psychiatry Assessments and Reports: Checklist for Third Party Assessments

Name	Type of Assessment	Date
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	Yes	No	N/A	Comments
PRE-ASSESSMENT				
Any potential conflict of interest/bias considered (prior to assessment up to report preparation)				
— Dual role or other potential conflict				
— The potential conflict/bias could be managed				
Requisite expertise ensured				
Referral question clear				
Retainer letter obtained				
Interpreter considered				
Background materials obtained (e.g., medical, criminal etc.)				
Background materials reviewed				
ASSESSMENT				
Interview(s) scheduled with evaluatee				
Interpreter scheduled (as needed)				
Interview(s) conducted (and if no interview, the reason)				

	Yes	No	N/A	Comments
Consent				
– Reason for assessment understood				
– Role of assessor reviewed (e.g., not a treatment provider)				
– Limits to confidentiality explained				
– Right not to participate explained				
– Consent obtained				
Comprehensive relevant information obtained				
– Issues related to referral question				
– Evaluatee's views and changes over time				
– Psychiatric and substance use history				
– Medical and medication history				
– Legal History				
– Personal history (early, education, employment, relationship/sexual, trauma, sociocultural, etc.)				
– Treatments undergone and changes in mental state/behaviour				
– Evaluatee's views towards potential recommendations				
– Symptom review; functional assessment; reliability assessment				
– Mental status examination				

	Yes	No	N/A	Comments
Interview method				
– Maintained rapport with a professional and neutral stance				
– Utilized strategies to gather all necessary information				
– Supportively clarified inconsistencies				
Appropriate investigations/examinations conducted				
Appropriate collateral interviews conducted				
Additional background materials obtained as needed				
REPORT: Content				
Reason for assessment				
Brief statement of qualifications and impartiality				
All sources of Information listed				
Consent including limits to confidentiality				
Summaries of relevant file information (with clarity of sources)				
Background information based on interview content				
– Relevance to referral question				
– Function, symptoms, mental status examination, and reliability				
Investigations conducted – as relevant to referral question(s)				
Other assessments				

	Yes	No	N/A	Comments
OPINIONS AND RECOMMENDATIONS (based on information in report)				
Limitations of assessment (e.g., limited information, dual role)				
Diagnoses, formulation, prognosis				
Assessment of symptom exaggeration, minimization, malingering				
Information discrepancies reviewed				
Referral question(s) answered				
– Rationale for opinion				
– Alternative hypotheses considered				
Recommendations (as applicable)				
Other: addressed, dated, signature block, page numbers				
REPORT: Format				
Comprehensive				
Clear and relevant to referral questions				
Attribution of information is clear in report				
Opinions based on information in the body of the report				
Edited for grammar, typographical errors, consistency, and flow				
OTHER				
Impartial (fair, objective, nonpartisan, and unbiased)				
Opinions are within area of expertise				
Scientific aspects have general acceptance in the field				