



## Assessment for XXX XXXX Date of Report: March 29, 2022

Ms. XXX XXXX was seen by Envision Counseling Clinic for a total of three counseling sessions (via telehealth) between January 14 and March 29, 2022. The following information is based on the information provided by the client to Envision Counseling Clinic during the three counseling sessions, as well as the information she reported on her intake paperwork.

IDENTIFYING INFORMATION: Ms. XXXX presented to a mental health assessment required by ASRM to proceed with an IUI by Sperm Donation. Client reported that she is 36 years old and lives in XXXX, Colorado. The client reported that she is currently employed by EMPLOYER as a POSITION and has worked there approximately 6 months. Client reported that she is a lesbian and has been with her wife for 14 years; they have been married for 5 years. Her wife is aware of the client's plan to move forward with fertility treatments and is supportive. The client's wife is also excited to be involved in the baby's life.

FAMILY HISTORY: Ms. XXXX grew up in Florida as the only girl in a family of four children. Her family history is significant for substance abuse (paternal side). The client's mother was often sick and passed away when the client was 29 years old. The client reports currently having a close relationship with her family, including her father, two brothers who still live in Florida, and one brother who lives in Washington. She is in contact with someone from her family approximately twice a week.

MENTAL HEALTH HISTORY: Ms. XXXX reported current and past struggles with anxiety. The client reported use of marijuana to help with her anxiety but stated that she hasn't smoked marijuana in the past two months in preparation for fertility treatments and pregnancy. Client reported that her current anxiety level has significantly improved from her previous experience. The client was given the Burns Anxiety Inventory, which is a self-reporting scale measuring the client's level of anxiety in the past several days. The client scored in the mild anxiety range. The client has stated that she will not smoke marijuana during the fertility treatments and subsequent pregnancy and has begun meditating, listening to music, and walking to help with her anxiety. Client has agreed to seek mental health services if needed during fertility treatments and/or pregnancy.

FERTILITY HISTORY: Ms. XXXX reported having Polycystic Ovary Syndrome (PCOS), which may contribute to fertility issues. Client has wanted children for a very long time and reported significant consideration of pregnancy and parenthood.

SOCIAL SUPPORT AND OTHER PSYCHOLOGICAL ISSUES RELATED TO SPERM DONATION: Ms. XXXX was counseled on the issues that may result in fertility treatment as well as IUI by Sperm Donation. Client discussed the reasons for moving

forward with IUI with Sperm Donation as she wants to start a family. She feels that she has a good support system in place and has a stable and healthy relationship with her wife. The client stated that she feels emotionally prepared for both positive and negative outcomes of fertility treatment. If the treatment does not result in a successful pregnancy, the client plans on looking into adoption.

CONCLUSION AND RECOMMENDATION: Ms. XXXX participated in this evaluation and was cooperative and compliant. There was no report of any suicide ideation or homicide ideation. No internal stimuli, such as hallucinations, were disclosed and the client presented as grounded, emotionally stable, and a supported adult. The client gave consent to share the findings of this assessment with Dr. Smith and her staff at Rocky Mountain Fertility Center. Client was informed of the possible emotional outcomes and was willing to continue treatment. Client was also told that ASRM recommends that children born from third party donation be made aware of this and the client agreed. This therapist sees no reason to halt fertility treatment on account of mental health issues. This evaluator would recommend that the client, as well as her doctor(s), periodically monitor the client's mental health, particularly regarding her anxiety level, throughout the fertility treatments and/or pregnancy and develop a plan of action for if any mental health issues should arise.

Sincerely,

Veronica Johnson, PsyD Licensed Psychologist

Report prepared by Barbara Dible Counseling Intern