

JOHNS HOPKINS SEXUAL DISORDERS CLINIC
EVALUATION SERVICES

Before a patient can be accepted into the treatment program of the Biosexual Psycho-hormonal Clinic an evaluation appointment is necessary.

Evaluations before admission into the program are performed through the outpatient services, Meyer Building, of the Johns Hopkins Hospital. Appointments are made through Ms. Maggie Rider, (301) 955-6292. The service is available only on Wednesday mornings, beginning at 8:30 a.m., and will generally be completed by noon.

The cost of the evaluation is \$400. A deposit is required (\$200) and must accompany the application form. The remaining \$200 must be paid at the time of the appointment. Additionally, blood tests are frequently obtained if deemed necessary, and cost \$150. Insurance may cover the cost of the evaluation. You will be expected to file a claim with your insurance company for reimbursement. Medical Assistance will be accepted if you have an active card at the time of your appointment. A photocopy of your active card (showing expiration date) should accompany your application for appointment in place of the required deposit. If documented financial need can be provided sometimes a deferred payment plan can be arranged. Prices are subject to change. Please inquire.

If you are covered by a medical assistance plan from another state we cannot accept it unless your home state is willing to pay the full cost of your visit. When a service is not available in one state but is available here, the home state will often times cover the full costs. It will be necessary to provide this clinic with a statement from your home state assuring us that we can expect payment in full of our charges.

Inpatient evaluations are often suggested for patients who reside outside the state of Maryland. This type of evaluation consists of an in-hospital stay of approximately three to four weeks. Treatment plans are formulated and begun during this time and plans for continuing care after discharge are considered based upon the individual's needs and circumstances. Insurance coverage for psychiatric services are necessary generally to cover the costs of such a stay.

Background information must be forwarded to the clinic three weeks prior to the time of an appointment, for review. This should include previous psychiatric history, a copy of any legal charges, victim impact statement, and prior arrests record. Included in these reports may be the offense report from the States Attorneys Office, and reports from any psychiatrist or mental health professional who may have treated you in the past. If represented by an attorney, his summary of your needs and what background he can provide as well as pertinent court dates will be helpful in assisting us in your evaluation. Failure to provide this information will result in the cancellation of your appointment. You will need to sign a release of information form allowing these articles to be sent here. All of the information received is held in the strictest confidence. It will be used to give the examiners as full a picture as possible ahead of time about what has taken place in your life before coming to us. If any of the above requested information does not pertain to you be sure to note this in the comment section of the application.

READING LIST:

Berlin, FS and Coyle, GS: Sexual Deviation Syndromes, Johns Hopkins Medical Journal 149, 119-125 (1981).

Berlin, FS and Meinecke, CF: Treatment of sex offenders with antiandrogenic medication: Conceptualization, review of treatment modalities, and preliminary findings. American Journal of Psychiatry 138:601-607, 1981.

Berlin, FS: Sex Offenders: A Biomedical Perspective and a Status Report on Biomedical Treatment, in "The Sexual Aggressor: Current Perspectives on Treatment", Greer, JG and Stuart, IR, eds. Van Nostrand Reinhold Co., New York, 1983.

Freund, K: Therapeutic sex drive reduction. Acta Psychiatrica Scandinavica, 62, suppl. 287, 1-39, 1980.

NAME _____ ADDRESS* _____

PHONE (work) _____ PHONE (home) _____

DATE OF BIRTH _____ S.S.# _____ MARITAL STATUS _____

FATHER'S NAME _____ MOTHER'S MAIDEN NAME _____

EDUCATIONAL LEVEL _____ MEDICATIONS _____

WHO REFERRED YOU TO THIS PROGRAM?

Name _____ Relationship _____ Phone _____

Address _____

REASON YOU WANT TO BE SEEN HERE (please be specific) _____

Have you been legally charged: _____ Name the charges: _____

Do you have a hearing date: _____ trial: _____ sentencing: _____

Attorney: _____ Address: _____

Phone: _____ PLEASE FORWARD LEGAL RECORDS TO ADDRESS BELOW, OR ATTACH.

Parole Officer: _____ Phone: _____

PREVIOUS PSYCHIATRIC OR MENTAL HEALTH HISTORY: Therapist _____

Address _____ Phone _____

PLEASE FORWARD SUMMARY REPORT TO ADDRESS BELOW, OR ATTACH.

A DEPOSIT OF \$200 IS REQUIRED UNLESS YOU HAVE MEDICAL ASSISTANCE (if M.A., please attach a photocopy of your card showing expiration date). ATTACH CHECK TO APPLICATION.

THE REMAINDER OF THE FEE (\$200) IS EXPECTED AT THE TIME OF YOUR APPOINTMENT. If blood tests are necessary an additional \$150 will be charged. METHOD OF PAYMENT:

Cash _____ Credit Card: (Type and Number) _____ M.A. _____
(Expiration Date) _____

*AN APPOINTMENT WILL BE SENT TO YOU AT THE ADDRESS ABOVE UNLESS INDICATED OTHERWISE:

Please send application, deposit and background information to:

Ms. Maggie Rider, Administrative Coordinator
Meyer 101
The Johns Hopkins Hospital
600 North Wolfe Street
Baltimore, Maryland 21205

OTHER COMMENTS:

**THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
THE JOHNS HOPKINS HOSPITAL**

**DEPARTMENT OF PSYCHIATRY
and
BEHAVIORAL SCIENCES**

**The Johns Hopkins Postgraduate Clinic
601 N. Wolfe Street
BALTIMORE, MARYLAND 21205**

SEXUAL DISORDERS CLINIC

The Sexual Disorders Clinic is designed to treat patients with the following problems:

Homosexual Pedophilia	Exhibitionism	Rapism
Heterosexual Pedophilia	Sexual Sadism	Voyeurism
Other Psychosexual Disorders	Hypersexuality	Transvestism

Patients usually come to treatment because they are court-referred, self-referred, or via other sources, i.e., family or community agencies.

The patient is evaluated by a team of professionals (social workers, nurses, physicians) in the outpatient clinic. This assessment may or may not include a physical exam, lab work, and use of information from other agencies. Some of our recommendations may include long term care in a structured facility, inpatient care on our unit at The Johns Hopkins Hospital, referrals to other agencies, outpatient psychotherapy, follow-up residence at a psychiatric half-way house, vocational rehabilitation referral, and/or Depo-Provera injections.

If, as a result of our evaluation, the patient is admitted to our inpatient service, he is subject to a more complete psychiatric evaluation, physical exam, blood chemistry, and may be started on Depo-Provera on a trial basis. (See Dr. Berlin's publication for explanation of Depo-Provera and how the medication is used.) The patient is observed closely regarding progress and prognosis. Standard insurances such as Blue Cross/Blue Shield or Maryland Medical Assistance will often cover costs of inpatient or outpatient care and assessment.

When the patient is discharged from our inpatient service, he is followed in our outpatient clinic where psychiatric counseling and continuing reassessment is given weekly or bi-weekly, according to patient needs. Our other responsibilities may also include testifying in court, keeping in contact with probation officers, and referring families for counseling.

By Appointment Only: For further information and/or appointment, contact Ms. Maggie Rider at (301) 955-6292

For Written Information: Ms. Maggie Rider
Meyer 101, The Johns Hopkins Hospital
600 N. Wolfe Street
Baltimore, Maryland 21205