

Psychological Testing Request Form

Client Information							
Client Name:				Social Security No:			
Date of Birth:		Address:					
If a minor, name of parent or guardian:							
Address:							
Diagnosis	Axis I			Axis II			
	Axis III			Axis IV			
	Axis V						
	Current GAF:				Past Yr GAF:		
Is testing required by the court, probation department, or to obtain residential placement? (Yes / No)							
If yes, please explain:							
Psychological testing is clinically necessary for what reason(s)?							
What goal is to be achieved by psychological testing?							
What tests are necessary to accomplish this goal?							
Time requested for testing:		(hr) interview and test administration					
		(hr) scoring					
		(hr) report					
Provider Information							
Provider Name:							
Address:							
Telephone:		Fax:					

Return to:
United Behavioral Health, 3111 Camino Del Rio North, Suite 500, San Diego, CA 92108, or
fax to: (619) 641 6802