

Psychological Testing File Document Checklist

Individual name: _____

Clinician: _____

- Completed Application
- Psychological evaluation if available
- Psychosocial/social history report
- Life Plan if available
- Signed Patient Authorization and Responsibilities
- Provisional LOC - If this is the reason for evaluation

For Office Use:

- Referral Form
- Eligibility Response
- Encounter Form
- New Psychological Evaluation

Comments: _____
