

Psychological Testing Request Form

**COMMUNITY FIRST PSYCHOLOGICAL TESTING  
REQUEST FORM**

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Member Date of Birth

\_\_\_\_\_  
Member ID Number

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Requested By/Attending MD

**Previous Testing** YES  NO  \_\_\_\_\_  
Date Tested

\_\_\_\_\_  
Psychologist Referring To

If yes, list tests:

\_\_\_\_\_  
-----

**Reason Psychological Testing is being requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An authorization number will be faxed back to the provider if the request for psychological testing is authorized.