

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.