

REQUEST FOR PSYCHOLOGICAL TESTING

1. **Fill out this form.**
 2. **Screen** this with your Supervisor
 3. **Email** a copy to Michelle Scott as well as your program director (Kim, Nichole or Brett). Please “cc” your supervisor and Todd Soutor.
 4. **These will be screened weekly at the Clinical Director’s meeting.**
 - a. If the request is urgent, notify your supervisor and director. If neither of these are available, notify Kristen Reisig.
 5. Generally, one of three scenarios will apply:
 - a. Testing will be completed by a **DBH psychologist**
 - b. Testing will be authorized and completed by an **off-panel psychologist**
 - c. Testing will be **denied** because it will not accomplish what is being requested
 6. If testing is **denied**, Todd will notify the family and will explain the reasons. He will also educate the parent about the complaint process and give them a form if needed.
 7. If testing is authorized and can be done at DBH, Michelle will notify the requesting provider and ask the psychologist to call and schedule testing.
 8. If testing is authorized but needs to be completed by an off-panel provider, Michelle Scott will notify Shelly Tanner and Lark Martinez.
 - a. **Lark** will call the family and make arrangements for the testing.
 - b. **Lark** will notify the therapist about the arrangements and will send a copy of the results when the testing has been completed.
-

Date:

Name of person requesting testing:

Name of patient:

The questions that you hope to be answered through testing:

1.
2.
3.

THE REASONS FOR HAVING THIS INFORMATION IN THE COURSE OF TREATMENT: (How will this information impact how you provide treatment?)

1.
2.
3.

EXAMPLE OF COMPLETED REQUEST FORM

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 - a. If the request is urgent, notify your supervisor and director. If neither of these are available, notify Kristen Reisig.
 5. Generally, one of three scenarios will apply:
 - a. Testing will be completed by a **DBH psychologist**
 - b. Testing will be authorized and completed by an **off-panel psychologist**
 - c. Testing will be **denied** because it will not accomplish what is being requested
 6. If testing is **denied**, Todd will notify the family and will explain the reasons. He will also educate the parent about the complaint process and give them a form if needed.
 7. If testing is authorized and can be done at DBH, Todd Soutor or Gary Goodrich will call to schedule testing.
 8. If testing is authorized but needs to be completed by an off-panel provider, Michelle Scott will notify Shelly Tanner and Lark Martinez.
 - a. **Lark** will call the family and make arrangements for the testing.
 - b. **Lark** will notify the therapist about the arrangements and will send a copy of the results when the testing has been completed.
-

Date: March 4, 2020

Name of person requesting testing: Joss Stone L.C.S.W.

Name of patient: Gypsy Fournier

The questions that you hope to be answered through testing:

1. Are there neuropsychological issues impacting poor management of impulsivity? Is there FAS?
2. Are there memory or executive functioning barriers that contribute to her poor retention of information related to daily living routines?
3. Are the lack of appropriate social interactions and poor understanding of boundaries related to I.Q. / cognitive challenges?

THE REASONS FOR HAVING THIS INFORMATION IN THE COURSE OF TREATMENT: (How will this information impact how you provide treatment?)

1. To help parents understand realistic expectations. To clarify and understand diagnostic issues so realistic strategies for functioning can be developed to help Gypsy and her family manage daily living issues.
2. To refer Gypsy and family to appropriate services and providers so necessary resources are allocated to manage her challenges.
3. To define if impulsivity issues can be managed by changing Gypsy’s thinking process and/or by assisting the family with some environmental changes.