



Macomb County Community Mental Health

Psychological Testing Report



CLIENT INFORMATION

CLIENT NAME	CASE #	DATE OF BIRTH	SSN
ADDRESS		GENDER	TELEPHONE

PSYCHOLOGICAL TESTING

ASSESSMENT DATE _____

TEST ADMINISTERED/ACTIVITIES PERFORMED

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IDENTIFYING INFORMATION

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REASON FOR REFERRAL

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BEHAVIORAL OBSERVATIONS (during testing sessions)

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TEST FINDING/RESULTS (use additional sheets if necessary)

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DIAGNOSIS

		ICD-9	DSM-IV	DESCRIPTION		
Axis I	Primary					
	Secondary					
	Tertiary					
	SA Primary					
	SA Secondary					
Axis II	Primary					
	Secondary					
Axis III	Primary					
	Secondary					
	Tertiary					
Axis IV	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Problem with primary support group <input type="checkbox"/> Problem related to social environment <input type="checkbox"/> Educational problems <input type="checkbox"/> Occupational problems <input type="checkbox"/> Housing problems </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Economic problems <input type="checkbox"/> Problem accessing healthcare <input type="checkbox"/> Problem related to interaction with legal system <input type="checkbox"/> Other psychological and environmental problems <input type="checkbox"/> Behavioral/personality problems </td> </tr> </table>				<input type="checkbox"/> Problem with primary support group <input type="checkbox"/> Problem related to social environment <input type="checkbox"/> Educational problems <input type="checkbox"/> Occupational problems <input type="checkbox"/> Housing problems	<input type="checkbox"/> Economic problems <input type="checkbox"/> Problem accessing healthcare <input type="checkbox"/> Problem related to interaction with legal system <input type="checkbox"/> Other psychological and environmental problems <input type="checkbox"/> Behavioral/personality problems
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Axis V	CURRENT GAF	DATE				

DIAGNOSTIC SUMMARY

DIAGNOSIS MADE BY	LAST UPDATE
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CONCLUSIONS & RECOMMENDATIONS

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TEST SCORE/DATA SUMMARY

INSTRUMENT		FULL SCALE I.Q.	
VERBAL SCALE I.Q.		PERFORMANCE SCALE I.Q.	
INFORMATION		PICTURE COMPLETION	
DIGIT SPAN		BLOCK DESIGN	
VOCABULARY		OBJECT ASSEMBLY	
ARITHMETIC		DIGIT SYMBOL	
COMPREHENSION		MAZES	
SIMILARITIES			

	STANDARD SCORE	PERCENTILE OF AGE GROUP	GRADE EQUIVALENT	TEST USED
READING RECOGNITION		%		
SPELLING		%		
ARITHMETIC		%		
READING COMPREHENSION		%		

MMPI - 1 OR MMPI - 2

?	L	F	K	TRIN
VRIN	FB	HS	D	HY
PD	MF	PA	PT	SC
MA	SI	ANX	FRS	OBS
DEP	HEA	BIZ	ANG	CYN
ASP	TPA	LSE	SOD	FAM
WRK	TRT			

TAT/CAT (GENERAL THEMES, NEED, PRESSES, MOOD)

RORCHACH (RESPONSE NUMBER AND LATENCY, UNUSUAL RESPONSES)

SDMT

WRITTEN TRIAL		ORAL TRIAL	
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BENDER: 8 ERRORS: COMPARATIVE AGE GROUP.(7-0 TO 7-6)

OTHER TESTS

VABS: SEE CHART

STAFF SIGNATURE

ELECTRONICALLY SIGNED BY	DATE
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SUPERVISOR SIGNATURE

ELECTRONICALLY SIGNED BY	DATE
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