

**SHASTA COUNTY MENTAL HEALTH SERVICES
REFERRAL FOR PSYCHOLOGICAL TESTING/EXTENDED ASSESSMENT**

Client: _____ Chart #: _____ Age: _____

Referral Source: _____ Date: _____

Assessment Question(s):

- Intellectual functioning
- Academic Achievement
- Attention/Response Inhibition (e.g., ADHD assessment)
- Memory/Executive Functioning (e.g., dementia assessment)
- Screening for Organicity
- Exaggeration or Fabrication of Symptoms (e.g., to rule out malingering)
- Personality Assessment (e.g., to clarify Axis II diagnoses)
- Diagnostic Clarification (list differential diagnoses below)

Pertinent History: (List recent events pertinent to testing request).

Has your recommendation for psychological testing been discussed with this client? Yes No

Make appointment through: (Name, if it is a person other than the client, and telephone number).

Priority of this referral: Low Medium High Urgent

ADDITIONAL COMMENTS:

Forward Adult Referrals to John Mahoney, Ph.D.
Forward Youth Referrals to Robert Trustman, Ph.D.