

# Assessment Questionnaire

**Name:**

**DOB:**

**Phone Number:**

**Email:**

1. What is the reason you are seeking psychological assessment at this time?
2. Are you planning on using the results of this assessment to seek accommodations or for some other legal purpose? Please explain how it may be used.
3. Have you received psychological assessment before? In what year did you have this assessment and what were the conclusions?
4. Were you referred for assessment? What is the relationship of the person who referred you (treating physician, psychiatrist, therapist, parent, friend, disability office, other)?
5. Please describe if there is a deadline for when you hope to have the assessment completed.