

Lakewood Wellness Partners

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Psychoeducational Evaluations

Evaluations include:

- Diagnostic meeting with parents and client
- Testing based on interview
- Recommendations for home and school
- Solution-focused tools and techniques to foster success
- Post-assessment/testing meeting with parents and/or client
- Written report

Please complete the information below to schedule a diagnostic meeting for a psychoeducational evaluation

Parent/Guardian Name If the client is a minor (under age 18) _____.

(If you are separated or divorced or are an appointed guardian, please provide a copy of the court documents or other legal documents indicating your ability to consent for the client who is a minor, under age 18.

Client Name: _____

Client Gender: _____

Client Date of Birth: _____

Name of Current School, College, Graduate School: _____

Current Grade or Year in College or Graduate School: _____

If College or Graduate School, indicate major and degree: _____

Are you interested in (check as many as may be applicable) :

Psychoeducational Testing

Psychological Testing

Neuropsychological Testing

Please indicate the main reasons for your interest in an evaluation at this time:

Academic Success

Motivation

Attitude

Depression

Anxiety, worry, or fear

Social or Emotional Issues

Inattentive, impulsive, or hyperactive behaviors

Memory Issues

Time to complete tasks

Organizational and study skills

Aptitude and ability issues

Challenges in certain courses

Challenges with self-initiation

Please describe any additional issues, which are important to you and/or the client

How did you hear about us? _____

How would you like us to contact you (please complete all that apply and by doing so you consent to us communicating with you via those methods)

Phone: _____ E-mail: _____

Text: _____

What are the best days/times to contact you: _____

What days/times are best for you to schedule to an appointment: _____