

Application for Psychological Evaluation: Child in Residential Services

In addition to our "Child Application for Services" forms, please complete the following and send by fax to Family Life Counseling. Fax 636-300-8761

We will be happy to schedule your evaluation once we have the completed paperwork.

Client Name: _____

Age: ____ Date of Birth: _____ Medicaid DCN _____

DFS Caseworker name: _____

DFS Caseworker Phone: _____

Residential Caseworker Name: _____

Residential Caseworker Phone: _____

Residential Therapist Name(if applicable): _____

Residential Therapist Phone: _____

Why is child being evaluated? (please be very detailed; attach additional sheets if necessary)

Psychological evaluation reports include and rely on comprehensive background data (i.e. family life, medical and mental health history, reason for being placed in residential, current behavior and mental health challenges, etc.)

Who is the person responsible for providing this information to Family Life Counseling?

Name: _____ Phone: _____

It is important that we have this information prior to testing as it will allow us to structure the evaluation for the most comprehensive results. Thank you.