

Solara Psychological



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Custodial Consent for Psychological Testing

We are committed to ensuring the best care and support for your child. To comply with legal and ethical guidelines, we require documentation regarding the custody and consent arrangements for psychological testing. Please complete the following information and provide any necessary legal documents.

Child's Information

Name of Child: _____

Date of Birth: _____

Parent/Guardian Information

Name of Parent/Guardian 1: _____

Relationship to Child: _____

Contact Information: _____

Name of Parent/Guardian 2: _____

Relationship to Child: _____

Contact Information: _____

Custody Information

Please provide details about the custody arrangement for the child. Attach a copy of the custody agreement or divorce decree if applicable.

Type of Custody Arrangement: _____

Is joint consent required for medical and psychological services? (Yes/No): _____

Consent

I/We, the undersigned, certify that the information provided above is accurate and complete. I/We understand that both parents/guardians may need to provide consent for psychological testing. By signing below, I/we authorize the psychological testing of the above-named child and confirm that all necessary consents have been obtained.

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____

Office Use Only

Reviewed by: _____ Date: _____

Comments: _____