Psychological Evaluation Preparation Form

Advanced Cognitive Health

Purpose of This Form

This form is designed to help individuals prepare for a psychological evaluation by organizing important background information, concerns, and goals. Completing this form before your appointment may help ensure that your evaluation addresses your specific needs and questions.

Please provide as much information as you feel comfortable sharing. If you are unsure of an answer, you may leave it blank and discuss it during your appointment.

Client Information

Name: _____

Date of Birth: _____

Date Completed: _____

Preferred Contact Information: _____

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1. Reason for Seeking an Evaluation

What concerns, questions, or challenges led you to seek a psychological evaluation?

What are you hoping to better understand through this evaluation?

☐ Attention or concentration concerns
☐ Memory concerns
☐ Learning difficulties
☐ Academic concerns
☐ Emotional or mood concerns
☐ Behavioral concerns

☐ Social or communication concerns
☐ Developmental concerns
☐ Diagnostic clarification
☐ Other: _____

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2. Current Concerns & Daily Functioning

When did you first notice these concerns?

How do these concerns affect your daily life?

☐ School or academic performance
☐ Work performance
☐ Relationships
☐ Organization and time management
☐ Independent living skills
☐ Emotional well-being
☐ Other: _____

Please provide examples of challenges you experience:

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3. Strengths & Areas of Success

Every evaluation considers both areas of concern and individual strengths.

What are some of your strengths, abilities, or areas where you feel successful?

What activities, environments, or supports help you perform your best?

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4. Developmental & Educational History

Were there concerns during childhood or adolescence?

☐ Yes
☐ No
☐ Unsure

If yes, please describe:

Were educational supports provided?

☐ IEP
☐ 504 Plan
☐ Academic accommodations
☐ Tutoring/support services
☐ None
☐ Unsure

Please describe any academic concerns or challenges:

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5. Medical & Mental Health History

Have you previously received counseling, therapy, or behavioral health services?

☐ Yes
☐ No

If yes, please provide details:

Provider/facility: _____

Approximate dates of treatment: _____

Reason for treatment:

Current medications (including psychiatric medications, if applicable):

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6. Previous Evaluations or Diagnoses

Have you previously completed psychological, educational, or neuropsychological testing?

☐ Yes
☐ No
☐ Unsure

If yes:

Type of evaluation: _____

Date completed: _____

Provider/facility: _____

Previous diagnoses or recommendations:

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7. Available Records

Please indicate any records you may have available:

☐ Previous evaluation reports
☐ Medical records
☐ School records
☐ IEP/504 documentation
☐ Academic testing results
☐ Therapy/treatment summaries
☐ Medication history
☐ Other: _____

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8. Goals for Your Evaluation

What questions would you like this evaluation to help answer?

Are there specific recommendations or supports you are hoping to receive?

9. Additional Information

Is there anything else you would like the provider to know before your evaluation?

Helpful Items to Bring to Your Appointment

☐ Photo identification
☐ Insurance information (if applicable)
☐ Current medication list
☐ Previous evaluation reports
☐ School or academic records (if applicable)
☐ Treatment records or summaries (if applicable)
☐ Any questions you would like to discuss

Thank you for taking the time to complete this form. The information you provide helps us better understand your unique experiences, strengths, concerns, and goals.

Advanced Cognitive Health