

*This is a fillable form. The shaded cells will expand as you type into them.*

## Psychological Evaluation\* Request Form for UHA Members

\* Also called Psychological Testing or Psychological Assessment

<b>A. Member's Treatment Team**</b>	<b>Provider consulted &amp; in agreement w/ request</b>
<b>Primary MH provider:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> None <input type="checkbox"/>
<b>Other provider:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> None <input type="checkbox"/>
<i>** If any member of the treatment team is not in agreement with this Psychological Evaluation request, please briefly discuss in Section B.2 below the efforts at consultation and collaboration, and why there is not agreement amongst the parties.</i>	

### B. Clinical Information

**1. What is the psychological testing plan currently in place?**

**2. Has a mental health assessment been performed? If not, when is it anticipated to occur?**

**3. What is the case-specific question this testing is anticipated to answer?**

Is this testing expected to: (a) determine a diagnosis or differential diagnosis, (b) establish or rule out comorbid psychiatric conditions (c) clarify specific symptomology or functional impairment, (d) inform treatments being considered or treatment planning decisions which may be reliant on testing results, (e) provide forensic application, or (f) provide academic or occupational applications?

**4. What is the direct and specific impact this testing will have upon the patient's treatment plan?**

**5. Does the patient have the necessary cognitive and language skills required for the proposed testing?**

**6. Is there any existent medical condition, substance use, psychotic features, or recent trauma which may contraindicate testing?**

**7. Is the primary or sole purpose of testing to assess a medical condition (e.g., Fetal Alcohol Syndrome, TBI, epilepsy)?** Yes   
No

**8. What is(are) member's current mental health diagnosis(es)?** Please use ICD-10 definition(s) and F code(s).

Definition	F Code	Definition	F Code
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

**9. Has member had previous psychological/neuropsychological testing?** Yes  No  Unknown

Please request and review records of previous testing prior to submitting this request to determine if referral question can be answered by previous testing. **If member has had previous testing, address below why additional testing is needed.** Previous testing should be submitted as collateral information for this request.

**10. What structured or semi-structured interview was performed? Check all that apply:**

MINI-KID  ADIS  K-SADS  P-ChIPS  DISC  SCID  MINI  SADS

If none of these were utilized, please provide additional clinical information or comment below:

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**11. If member is not enrolled in mental health treatment, give the reason(s) the referral question(s) cannot be answered by diagnostic interview, review of records, behavioral observation, or collateral information.**

**Please read before submitting this request:**

- This form must be filled out completely. The answers must provide enough clinical information to justify the Psychological Evaluation request. The request may be denied if there is not enough information to make a decision.
- Clinical documentation needed for a Psychological Evaluation request includes: recent Mental Health Assessment recommending psychological testing with a clinical rationale; PCP chart notes that demonstrate medical causes have been ruled out as contributing to presentation, if appropriate; and previous psychological evaluation(s), if available.
- A request may be denied if the questions can be addressed by routine outpatient mental health services.

**Questions? Call UHA at 541-229-4842**