

Form-B
[See rule 6 (3)]

3. Basic Psychological Assessment Report (facilities where persons with mental illness undergoes psychological assessment):

Clinic Record No. -----

Name:

Age:

Gender:

Education:

Occupation:

Date of testing:

Referred by:

Language tested in:

Reason for referral:

IQ assessment

Specific learning disability assessment

Neuropsychological assessment (Specify domain if the assessment is domain specific)

Personality assessment

Psychopathology assessment

Any other (Mention the specific domain such as interpersonal relationship)

Comments if any (*may give brief detail of the referral purpose; e.g., 'the individual has mental illness and he has been referred for current psychopathology assessment as well as to ascertain the level of disability'*)

Brief background information (*e.g., the nature of the problem, when it started, any previous assessments and like details*):

Informant: Self

Others

Specify

Salient behavioral observations (*Comment on alertness, attention, cooperativeness, affect, comprehension and any other relevant information*)

Tests/ Scales administered (*Standardized tests/ scales*):

Salient scores (*if applicable such as Intelligence Quotient, scores obtained on cognitive function tests, severity rating on psychopathology scales, disability percentage and like details*)

Impression:

Recommendations:

Further assessment

Specify

Therapy

Specify

Any other

Specify

Assessed by

Verified/ supervised by (if applicable)

Name:

Name:

Date:

Date:

Qualification:

Qualification:

Signature:

Signature: