



## Psychological Testing Request Form

**Please complete this form to request psychological testing for a Community First Health Plans Member.**

Consultation regarding the appropriateness of the level of care is available through Community First's Care Management staff. Psychological/Neuropsychological testing requires preauthorization by faxing the "Psychological Testing Request Form" to (210) 358-6387.

**Member Name:**

**Date of Request:**

**Member D.O.B.:**

(MM/DD/YYYY) **Member ID Number:**

**Diagnosis:**

**Requested By/Attending MD:**

**Has previous testing been completed?** Yes    No    If yes, date tested:

Psychologist referring to:

Please list tests:

**Please list the reason(s) why psychological testing is being requested:**

**Please fax this completed for to 210-358-6387.**

If requested for psychological testing is authorized, an authorization number will be faxed to the requesting Provider.