



502 Baltimore Avenue, Towson, Maryland 21204 Phone: (443)904-2488 Fax: (410)494-0274

**Comprehensive Psychological Assessment
Registration & History Form**

Student's Name _____ Today's Date _____

Date of Birth _____ Age _____ Grade _____

Present School _____ Teacher's Name _____

School Address _____

City _____ State _____ Zip Code _____ Telephone _____

Father's Name _____ Telephone _____

Home Address _____ Cell Phone _____

City _____ State _____ Zip Code _____ Email _____

Employer _____ Occupation _____ Fax _____

Education (Highest Degree Earned) _____

Mother's Name _____ Telephone _____

Home Address _____ Cell Phone _____

City _____ State _____ Zip Code _____ Email _____

Employer _____ Occupation _____ Fax _____

Education (Highest Degree Earned) _____

*Preferred contact name and phone number _____

*Who has legal custody of the student? _____

*Is there any legal action underway or being planned concerning the student? _____

Siblings' Names	Ages	Living in home?

Referred by _____

Reason for assessment/Parents' main concerns _____

Medical History

Problems with vision or hearing _____

Serious illnesses or injuries, hospitalizations _____

Current medications _____

Treatment/Service Providers (please complete all that apply)

	Name	Phone Number
Pediatrician		
Psychiatrist		
Psychologist/Therapist		
Other Medical/Educational Specialist		

Please bring the following materials with you to the initial appointment. They will be photocopied with your permission and returned to you:

- This registration form, completed
- The signed Professional Services Agreement form
- Information/reports from previous evaluations (psychological, educational, speech/language, etc.)
- Most recent report card
- Samples of student's recent, unedited written work or classwork

The fee for a Comprehensive Psychological Assessment is Two Thousand Four Hundred Dollars (\$2400.00). The first payment of One Thousand Two Hundred Dollars (\$1200.00) is due at the time of the initial parent interview; the balance of One Thousand Two Hundred Dollars (\$1200.00) is due at the time of the follow-up parent conference. In some cases, the initial interview, evaluation, and follow-up parent conference are all scheduled for the same day. When this is the case, payment in full is due on the day of the evaluation. Payment may be made by cash or check. A One Hundred Dollar (\$100.00) charge is made if any appointment is not canceled twenty-four hours in advance. Additional hourly services (as described in the Professional Services Agreement) are billed at the rate of One Hundred and Sixty-Five Dollars (\$165.00) per hour.

Signature _____ Date _____

Appointment: _____