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Psychological Testing Supplemental Information Form

Because I need to collect a fair amount of identifying information about you during our initial interview prior to administering any psychological test, if you could provide some of the information in written form ahead of time, I will not have to ask you to provide such information verbally during the course of the interview. This will ensure that the initial interview will be as brief as practical and will also allow us to proceed on to the testing in a timely manner.

Name: _____ Where were you born? _____

Places where you have lived, in what year or how old were you when you moved:
Example: Portland, OR 1973 or Portland, OR 2yr

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surgical procedures that you have undergone, major injuries, or diagnosis, year of procedure/incident/diagnosis:
Example: Tonsillectomy, 1964 or Broken leg, 1982 or Type II Diabetes, 1998

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current prescription medications that you are taking, name/dose/how often:
Example: Simvastatin, 40mg, once a day

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: You may also provide your own version of this information if you wish, such as medication lists from your physicians, your own handwritten notes or computer print-outs, etc.