WYSOCKI PSYCHOLOGICAL
TESTING & COUNSELING

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Request for Services

Name:		Birth Date: / /
Parent/Guardian:		
Phone:		
Address:		
City:	State:	Zip Code:
Email:		
Insurance Company:		
Insurance ID#:		

Please check all that apply:

- ☐ ADHD Testing
- ☐ Therapy
- ☐ Psychological Testing
- ☐ Other _____

_____

As early as is feasible, recipients of WPS services reach an agreement specifying compensation and billing arrangements. We accept most insurances.