

Iowa Gambling Task Analysis Report

Client Information

Client Name: _____

Date of Assessment: _____

Age: _____ Gender: _____ Occupation: _____

Referring Physician/Therapist: _____

Relevant Medical/Background Information:

Iowa Gambling Task Overview:

Assessment Procedure

Assessment Goals

Results:

1. Deck Preferences:

- Deck A:
- Deck B:
- Deck C:
- Deck D:

2. **Learning Over Time:**

3. **Feedback Processing:**

4. **Risk-Taking Behavior:**

5. **Overall Performance:**

Interpretation

Recommendations

In light of the Iowa Gambling Task results, the following recommendations are suggested:

Limitations

Conclusion

Signature

Date