

Projective Test

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Test details	
Projective test/s used:	
<input type="checkbox"/> Rorschach Projective Test	
<input type="checkbox"/> Thematic Apperception Test (TAT)	
<input type="checkbox"/> Draw a Person Test	
<input type="checkbox"/> House-Tree-Person (HTP) Test	
<input type="checkbox"/> Other test/s:	
Purpose of assessment:	
Setting:	
Instructions given:	
Test administration	
Environment:	Instructions to patient:
Duration of test:	

Test stimuli**Description of stimuli used:****Order of presentation:****Variations in presentation (if any):****Patient responses****Recording method (e.g. written, audio, video):****Observations during test:****Any significant patient reactions:****Examiner evaluation****Results and analysis****Summary of patient responses:**

Patterns or themes observed:

Any unusual findings:

Clinical implications

Relevance to diagnostic process:

Considerations for treatment planning:

Additional assessments recommended (if any):

Additional notes

Healthcare professional information

Name:

License ID number:

Signature:

Date of assessment: