

Projective Testing

Patient Information

Name:

Date of Birth:

Gender:

Referring Clinician:

Date of Assessment:

Test Details

Projective Test Used:

Purpose of Assessment:

Setting:

Instructions Given:

Test Administration

Environment:

Presence of Examiner:

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

Scoring System Used:

Criteria for Scoring:

Interpretation Guidelines:

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):

Conclusion

Overall Impression of Patient's Responses:

Follow-up Recommendations:

Examiner's Signature:

Date: