

# 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: