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## **Turning Point Assessments**

*Patty Martens, MA, Consultant and Case Coordinator  
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### **Permission to Test**

(Child or Adult Client) Name: \_\_\_\_\_

(Child or Adult) Date of Birth: \_\_\_\_\_

Child Client's Parent: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for Turning Point Assessments to conduct a psychoeducational assessment of me or my child. I understand that this evaluation will include the testing described to me during the initial consultation and if other procedures are needed, this will be discussed with me at the time of the appointment. This evaluation also includes a follow-up session and full report of findings.

\_\_\_\_\_ I have been informed that the following Turning Point Assessments Independent Contractor will be conducting the assessment with consultation from Patty Martens, MA (case coordinator for the practice):

\_\_\_Patty Meek, Ph.D.

\_\_\_ It is understood that this authorization is given in advance of any diagnosis or recommendation, but is given to provide authority to Patty Martens MA and/or the above indicated contractor in making such determinations. The undersigned hereby releases and agrees to indemnify and hold harmless Patty Martens, M.A. and the above indicated contractor from and against any and all claims arising out of or in connection with the assessments authorized by the undersigned. I understand that Patty Martens and the above indicated contractor are practicing under the laws of the state of Colorado. (See Disclosure Statement)

\_\_\_ To my knowledge there is no Divorce Agreement or Parenting Agreement whereby it is in writing that an additional guardian or biological parent must be consulted in making educational or mental health decisions for my child. If such a document exists, both legal guardians must sign this form.

Adult Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Client's Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_