



# The Clinic

CONSULTING ♦ PSYCHOTHERAPY ♦ MEDICATION MANAGEMENT ♦ TRAINING ♦ SPEAKING

## Preclinical Neuropsychology Visit Questions:

NAME OF PATIENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

1. Age:
2. Highest education obtained:
3. Who referred you for this evaluation?
4. How long have you experienced cognitive, attention, or memory difficulties (age at onset)?
5. Are these difficulties worsening, improving, or remaining stable?
6. Did these difficulties affect your academic performance or social functioning as a child?
7. Have you been diagnosed with a condition which you or your doctors believe is related to your cognitive difficulties?
8. What is your greatest concern presently?
9. Why are you seeking a neuropsychological evaluation? What questions can we answer for you?
10. What do you hope will result from this evaluation?



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## Neuropsychology Package Selection

**ADHD Screening:** Select this option if the referral comes from treating psychiatrist, and if the primary question entails consideration of stimulant treatment.

**ADHD:** Select this option if the patient reports longstanding (beginning in childhood) attention problems, and is concerned about current academic, occupational or social functioning.

**Dementia:** Select this option if the patient is over the age of 60 and there is concern regarding worsening cognition.

**General:** Select this option if there is concern regarding cognition that does not result from longstanding attention or cognitive difficulties.