



The Clinic

CONSULTING ♦ PSYCHOTHERAPY ♦ MEDICATION MANAGEMENT ♦ TRAINING ♦ SPEAKING

Pre-Clinical Neuropsychology Visit Questions:

NAME OF PATIENT: _____

DATE OF BIRTH: _____

1. What is your age:
2. What is your highest level of education?
3. Who referred you for this evaluation?
4. At what *age* did you begin to experience cognitive, attention, or memory difficulties?
 - a. As a child?
 - b. As an adult?
 - c. Within the past few years?
5. Please answer yes or no: Are these difficulties:
 - a. Worsening?
 - b. Improving?
 - c. Staying the same?
6. Please answer yes or no: Have you been diagnosed with a condition which you or your doctors believe is related to your cognitive difficulties?
 - a. What is the name of the condition?
7. Why are you seeking a neuropsychological evaluation (e.g., paperwork for academic accommodations, you would like to understand your strengths/weaknesses)?



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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.