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***NEUROPSYCHOLOGICAL EVALUATION***

*CONFIDENTIAL: FOR PROFESSIONAL USE ONLY*

*\*\*Prior to the evaluation the patient is informed about the purposes of the following evaluation and the limits of confidentiality et al. The conclusions contained in this report are based upon information provided by several sources of information including a clinical interview with the patient, an interview with a primary caregiver and/or collaterals if applicable, the possible review of institutional and/or agency records as well as inferences made from self-report and/or standardized psychometrics.*

**NAME: REFERRAL:**

**DATE OF BIRTH: CLINICAL DATES:**

**EDUCATION:**  **CLINICAL HOURS:**

**Chief Complaint and History of Presenting Problem:** XXX presents w/ a       pattern of       that began in      . He/She also presents w/      . The following evaluation will be used to clarify his/her diagnostic presentation and assist w/ case planning      .

**Clinical Observation:**

The patient is a      yo, single/married/divorced, L/R-handed, myopic/hyperopic/astigmatic, Caucasian male/female with      y of formal education whose primary language is English. He/She presents to his/her first evaluative session       time, unaccompanied, well groomed/disheveled, and attired in clothing appropriate to the situation and the weather. Gait is normal as is his/her gross ambulation. The patient is negative/positive for developmental/facial abnormalities. Gross speech is       with a       rate of speech. Thought process is linear and goal directed. He/She is negative/positive for hallucinations that began in      . The patient evidences mild/moderate/no impairments in his/her gross attention and concentration. There are no/mild issues with conversational tracking. Mood is reported as       with an affect that is/is not appropriate to situational content. He/She is an adequate/limited/poor/adequate historian. No collateral information is available at this time. His/Her mother/father/grandmother did provide some additional information to supplement his/her biographical and medical history. XXX evidences       effort during the assessment process, based upon formal/embedded measures of performance validity. Therefore,      .

**Background:**

XXX is born and raised in      , CA. He/She also reports residing in      . He/She is       of       children born to the union of his/her parents. His/Her mother is      yo and is a       and his/her father is a      yo      . His/Her mother’s term of pregnancy and delivery is w/w/o clinical significance. The patient is a full-term/     week, vaginally/C-Section delivered child who did/did not achieve all of his/her developmental milestones on time. He/She reports experiencing the normal range of childhood illnesses and maladies w/o an exposure to toxins and/or a formal diagnosis of an autoimmune disorder. XXX cites no formal abuse/pervasive in childhood. He/She grew up in a broken/typical home w/      . XXX did/did not graduate from       high school in      . He/She is negative/positive for a diagnosis of a learning disability in the area/areas of      . There is no indication/an indication of utilizing special resource services and/or grade retention.

XXX began his/her employment history at the age of      yo working in the occupational industries of      . He/She also reports employment in      . His/Her occupational history is negative/positive for termination for      . He/She denies ever serving a tour of duty in the US military. His/Her forensic history is negative/positive for      . His/Her CPS history is negative/positive. The patient currently possesses/does not possess a valid California driver’s license, which he/she denies has ever been revoked and/or suspended. His/Her history is negative/positive for excessive traffic tickets. He/She reports no MVAs/(X) w/in the last      -years. XXX lives with his/her       in Santa Cruz County.

**Medical**:

*Current Treating Physicians/Providers:*

Dr.

*Medical Hx:*

The patient is      ’     ”, weighs      lbs., and he/she reports a      lbs. fluctuation in weight over the past      -months w/cause unknown/due to      . The patient is positive for      . There is no indication/a history of a traumatic brain injury (TBI) as a result of       resulting in a loss of consciousness (LOC) for      min. and post-traumatic amnesia (PTA) lasting      .

The patient is negative for cardiac issues, formal gastroenterological problems, and changes in olfactory or gustatory acuity, numbness/reduced sensation/neuropathy, and Fibromyalgia, Chronic Fatigue Syndrome or seizure activity.

He/She does not report/reports symptoms of hypnophrenosis in the form       that began in       causing      . He/She is negative/positive for appetite disturbances and/or sexual dysfunction/that begin in       caused by      . He/She reports/does not report headaches/that began in       and are treated effectively/ineffectively with      .

*Medications (S/E = Side Effects):*

*Allergies:*

*Surgical Hx:*

*MRI/fMRI/CT/SPECT/EMG/EEG/X-Rays:*

*Psychological Hx / Mood D/O:*

XXX’s mental health history began in       with a formal diagnosis of      . XXX denies a formal mental health history.

XXX denies any current suicidal/homicidal ideation, plan, and/or intent. He/She displays a historical issue with suicide/homicide/self-mutilation that began in       and is serious/more passive gesture based in nature. There is no/a history of (     ) 5150 placements that began in      / at the age of      yo. He/She reports an adequate/inadequate support network with “      friends.”

*Drug and Alcohol History:*

Unremarkable. XXX presents w/ a pattern of maladaptive substance use for the substance/substances of       that began in      , persisting in mild/moderate/severe severity until      . He/She reports no pathological use in the last      .

**Familial Medical History**: **Maternal:**      **Paternal:**     .

**Assessment Procedures/Interviews/Psychological Tests Administered:** ***(\*DEMOGRAPHIC ADJUSTED NORMS USED),*** BARONA Premorbid Functioning Regression Equitation,Advanced Clinical Assessment (ACS) Test of Premorbid Functioning (TOPMF), Shipley-2, Wechsler Adult Intelligence Scale Fourth Edition (WAIS– IV), Wechsler Individual Achievement Test, Third Edition (WIAT– III), Connors Continuous Performance Test Second Edition (CPT-II), Test of Variables of Attention Eight Edition (TOVA 8), Delis Kaplan Executive Function System (DKEFS) DKEFS Visual Scanning, DKEFS Trail Making Test, DKEFS Verbal Fluency, DKEFS Design Fluency, Halstead Reitan Battery (HRB) Trail Making Test Trails A & Trails B, HRB FAS/Animals, Wisconsin Card Sorting Test (WCST), Memory Complaints Inventory (MCI),       Symptom /Performance Validity Testing, Wide Range Assessment of Memory & Learning Second Edition (WRAML-2), California Verbal Learning Test Second Edition (CVLT-II), Wechsler Memory Scale Fourth Edition (WMS-IV), Rey Complex Figure Test (RCFT), Boston Naming Test Second Edition (BNT-2), Reitan Indianan Aspasia Screening test (RIAS), Judgment of Line Orientation (JLO), Grooved Pegboard Test, Finger Tapping Test, Burns Anxiety Inventory (BAI), Burns Depression Inventory (BDI), Minnesota Multiphasic Personality Inventory Second Edition (MMPI-2), Millon Multiaxial Clinical Inventory Third Edition (MCMI-III), Clinical Interview, Interview w/      , Review of Medical Records,

**Psychometric Findings:**

*Intellectual Skills:* XXX presents with a premorbid intellect in the       range (BARONA/TOPMF). Premorbid intellectual ability is gathered to compare and contrast with his/her obtained ability in order to determine whether or not dysfunction is present and/or deterioration has taken place. XXX presents w/ intellectual skills in areas of (Verbal/Perceptual Reasoning/Working Memory/Processing Speed/Full Scale Intellect) that align/surpass to his/her premorbid expectations (WAIS-IV VCI/PRI/WMI/PSI/FSIQ). There are skills in the area of (Verbal/Perceptual Reasoning/Working Memory/Processing Speed/Full Scale Intellect) that are inferior to his/her premorbid expectations and suggest a       decline in functioning (WAIS-IV VCI/PRI/WMI/PSI/FSIQ).

*Attention, Processing Speed & Executive Skills:* XXX exhibits       sustained attention with       in his/her sustained attentional vigilance over time (CPT-II). There is an indication of       figural fluency w/w/o indications of deficit in self-monitoring and/or complex attention (DKEFS Design ALL). There is evidence of intact/challenges with non-verbal concept formation w/ an adequate/inadequate ability to modify his behavior with environmental feedback (WCST). His/Her simple attention span is       with/without       deficits in his/her mental control ability (WAIS-IV Digits ALL). There is intact/limitations in his/her overall abstract reasoning skill set (WAIS-IV Matrix). He/She does/does not display deficit in incidental learning during a numerical/symbolic transferring and there is a deficit/no deficits in his/her overall processing speed (WAIS-IV Coding). XXX presents with/without indications of mental dyscalculia (WAIS-IV Arithmetic). His/Her simple attention and psychomotor speed is       and when complex attention is added there is evidence of       (HRB Trails ALL). Both non-contextual and contextual verbal executive skills are intact (BRB FAS/Animals). Non-contextual verbal fluency is       suggesting       (HRB FAS). Contextual verbal executive skills are in the       range indicating       (HRB Animals). His/Her non-contextual visual mental control evidences       (WMS-IV Symbol).

*Memory & Learning:* XXX reports a       number of probable and improbable memory complaints suggesting       (MCI). On a non-contextual verbal list learning task there is evidence of       performance invalidity/ intact short-term, long-term and retrieval skills (Performance Validity Testing).

*Language & Mathematical Functioning:* XXX presents with an       ability for pictorially mediated receptive and expressive skills suggesting that       (WIAT-III Exp./Rec. Voc.). His/Her reading fluency/comprehension/reading accuracy and his/her reading rate is       (WIAT-III Reading ALL). Mathematical operations in the       range and suggests (WIAT-III Num. Ops.). There is an indication of       semantic (meaning) vocabulary skills (WAIS-IV Vocabulary). His/Her verbal concept formation indicates       suggesting       (WAIS-IV Similarities). XXX displays an       ability for recalling information typically gathered from academic enrichment from his/her long term memory suggesting       (WAIS-IV Information).

*Visual Spatial:* XXX presents an       ability for part/whole problem solving and figure ground problem solving indicating       (WAIS-IV Block). There is evidence of an       ability for visual organization and synthesis (WAIS-IV Visual Puzzles). There is evidence of adequate       non-contextual visual discrimination suggesting that       (WAIS-IV Symbol). There is/is no evidence of a disorganized/piecemeal/strategic approach constructing a complex figure indicating of normal constructive praxis/constructional dyspraxia (RCFT Copy). There is/are no indications of deficit in visual spatial judgment (JLO).

*Motor Functioning:* XXX presents with       bilateral dominant fine motor visual acuity, dexterity, processing speed and coordination (Grooved Pegboard).

*Psychiatric Functioning:* XXX reports       symptoms on scales measuring anxiety and depression,

hypochondriasis, somatic symptoms, social dysfunction, gender roles, paranoia, anxiety, psychosis, mania and social preference along a continuum. Her       suggests      . Therefore,      .

*Adaptive Functioning:* XXX presents with intact adaptive skills in the areas of communication, ambulation, self-care, relational skills, household abilities, as well as his/her general skills in the academic/occupational and environment as well as his/her general participation in society (WHODAS 2.0). She displays limitation in the areas of communication, ambulation, self-care, relational skills, household abilities, as well as his/her general skills in the academic/occupational and environment as well as his/her general participation in society (WHODAS 2.0).

**Summary/Impressions:**

**DSM-5 Diagnoses:**

**Recommendations:**

**General Accommodations Based on Testing:**

**ACADEMIC:**

**Isolated Testing Area/Additional Test Taking Time:** XXX will benefit from an isolated test taking area as well as ***DOUBLE*** test taking time due to his/her       disorder/disorders.

**Recording Device:** XXX may benefit from being able to use a recording device in order to have repetitive access to materials and the ability to revisit them at a later date.

**Preferential Registration:** XXX may benefit from preferential registration in order to be placed in classes that she has a highest probability of success in. In addition, he/she may need additional guidance from guidance counseling personnel in order to ensure that he/she is on track for an on-time graduation.

**Teacher Notes/Peer Notes/Note Taker:** XXX may benefit from having access to teacher notes and/or receiving his/her assignments earlier than typical due to the fact that he/she has difficulty with time management and tasks that require sustained mental effort. In addition, he/she may have difficulty attending to two different types of stimuli at once and may benefit from utilizing notes from a peer or having a formal note taker.

**Peer Mentor:** XXX may benefit from having a peer mentor to assist him/her with difficulties in executive functioning such as time management, skill building, organization and other deficits she possesses.

**MEDICAL/MENTAL HEALTH/NEUROPSYCHOLOGICAL:**

**Eye Examination:** XXX may benefit form an optical examination in order to determine      .

**Serial Neuropsychological Testing:** XXX will benefit from serial neuropsychological testing in order to**.**

**Primary Care/Return to Baseline:** XXX will need to ensure that he/she has adequate hydration, food consumption, sleep andaerobic exercise (under the supervision and direction of his/her physician) in order to return to an optimal level of functioning.

**Psychiatrist:** XXX is referred to a primary psychiatrist for       somatic interventions for his/her       disorder/disorders.

**Therapy:** XXX is referred for       therapy due to his/her diagnosis of      .

**Suicide/Dangerousness:** XXX does present w/ a history of dangerousness and therefore regular mental status examinations and observation will be needed. XXX does not present with a history of concerns related to dangerousness. However, should this profile change and issues with and dangerousness emerge, a safety plan and increase monitoring should be enacted immediately.

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