Neuropsychological Evaluation

[neuropsychologicalevaluation]

Name:
Date of Birth:
Date of Intake:

Reason for Referral:

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Data Sources:

[datasources:]

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Background Information:

[backgroundinformation:]

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Mental Status:

[mentalstatus:]

The patient arrived on time to the initial appointment. He was casually dressed in street clothes and was appropriately groomed. He was able to clearly articulate the reason for this evaluation. He was oriented to place, time, person, and situation. The patient had difficulty reporting personal and medical history. Insight was minimal. Thought processes were logical and coherent, though mild tangentiality was noted at one point. Expressive speech was of normal tone, rate, and volume, with a mildly halting prosody. The patient was able to comprehend interview questions without repetition. The patient denied visual and auditory hallucinations and did not endorse beliefs consistent with delusional thinking. The patient denied suicidal ideation. Affect was euthymic with congruent mood.

Test Results:

[testresults:]

Neuropsychological Test Results
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Objective Personality & Pathology Results
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Score Summary

[scoresummary]

[htbp]

@LCC@

&
Test&***Raw Scores***&***Standard Scores***
Test A & XX & XX
Test B & XX & XX
Test C & XX & XX
Test D & XX & XX
Test E & XX & XX
Test F & XX & XX

Summary & Recommendations:

[summaryrecommendations:]

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[htbp]

@LLC@

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&&
Axis I&V71.09&
Axis II&V71.09&
Axis III&Bad Medical Problem&
Axis IV&Family hates patient&
Axis V&GAF = 65 (current)&

Thank you for involving us in the care of this patient,

W. Howard Buddin Jr., Ph.D.
Neuropsychology Fellow