

Welcome to Neuropsychology

Calling the office

Please let us know if you have any questions or concerns. If we are not available, please leave a voice mail and we will return your phone call within the next business day. Please turn off your Call Block or Anonymous Call Rejection features anytime you are expecting a return call from our office.

Leaving information

Our office uses a voice mail system. This system helps us to get back to you as soon as possible. To reach us for general questions, please call 682-885-7450.

It is very important to give us the following information so we can use your child's chart when we return your call:

- Your name.
- Your child's first and last name and spelling of each.
- Your child's date of birth.
- Phone number where we can reach you.

Patient liaison

We can help you with travel and accommodation arrangements and can provide information on places to eat, shop and spend time with your family while in Fort Worth. Please call the Neurosciences department at 682-885-2500 to request assistance with accommodations, if needed.

Neuropsychologists

Marsha Gabriel, Ph.D.

Beth Colaluca, Ph.D.

Carla Morton, Ph.D.

Neuropsychology

1521 Cooper St. | Fort Worth, TX 76104

682-885-7450 phone | 682-885-3308 fax

cookchildrens.org/neurology

Appointment checklist

Dear parent or guardian:

We recently scheduled an appointment for a pediatric neuropsychological evaluation for your child or dependent. Enclosed is a checklist and questionnaire for you to complete and bring to your visit. Our goal is to provide the best possible care to each patient we see. We encourage parents to ask questions, offer suggestions and participate in the planning of their child's care.

Please use this checklist to help prepare for your child's visit.

- Complete the enclosed history forms and bring them to your appointment.
- Be sure our office has received all school testing, psychological and/or medical records related to the reason for your referral.
- If you attend Admission Review Dismissal (ARD) for your child at his/her school, please bring all of the following:
 - The names of tests. The date tests were given. Overall scores and subtest scores.
 - Eligibility category provided for IEP. Accommodations and modifications provided.
- Bring a current list of your child's medicines, including herbal and over-the-counter.
- Bring your insurance card and valid ID.
- Bring legal proof of guardianship.
(Without this we may need to reschedule the appointment.)
 - Divorced parents must provide a copy of full divorce decree with the judge's signature.
 - Foster parent needs Texas Department of Protective and Regulatory Services (TDPRS) authorization forms.
 - Grandparent needs written notice from legal parent with copy of divorce decree if parents are divorced. Grandparents with guardianship must have copy of guardianship papers with judge's signature.
 - Step-parent needs written notice from legal parent with full copy of biological parent's divorce decree with the judge's signature.
- Arrive 30 minutes prior to your scheduled appointment.
Allow enough time for any needed paperwork and/or the registration process. If you are late, your appointment may need to be rescheduled.
- You may also want to bring a sweater or jacket and a snack/drink.
We provide reading materials in our waiting room and clinic, but adults may want to bring their own. Our waiting room also has WiFi available.

Please fill in your appointment schedule below.

Appointment day:	Date:	Appointment time:
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24-hour notice is required on all cancellations.
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Frequently asked questions

What is child neuropsychology? Pediatric neuropsychology is a professional specialty that focuses on learning and behavior in relationship to a child's brain.

What is a pediatric neuropsychologist? A pediatric neuropsychologist is a licensed psychologist with expertise in how learning and behavior are associated with the development of a child's brain structures and systems. The pediatric neuropsychologist uses formal standardized tests of abilities, such as memory and language skills, to assess brain functioning. He or she interprets the results based on what is expected at the child's age level and makes recommendations for optimal care. The pediatric neuropsychologist may also refer for such treatments as cognitive rehabilitation, behavior management and psychotherapy.

At Cook Children's, neuropsychologists work closely with a team of neurologists and neurosurgeons, hematologists, oncologists and other physicians to provide appropriate treatments and interventions to meet the unique needs of each child.

Where do I park? Visitor parking is located in the 7th Avenue Garage.

What do I need to do if I can't make it to my appointment? If you are not able to make it to your appointment, please call our office at 682-885-7450 as soon as possible. We can then offer your appointment time to a patient on our waiting list. Our staff will reschedule your appointment on a day that will work better for your family. Please provide at least 24 hours notice for cancellations.

What do I need to do if my insurance changes or is inactive? Please call our office if your insurance provider or policy changes or you have questions about your insurance coverage.

What do I need to do if my phone number or address changes? It is important that we know how to reach your family by phone and by mail. Please call our office and let us know if your address or phone number changes. Our staff will update your child's records in our database.

Our goal is to provide the best service possible. If you have any additional questions, call us at 682-885-7450. You may also send an email from our website at: cookchildrens.org/neurology.

Billing information

The appointment at our clinic is not a doctor's office visit.
It is considered a "hospital outpatient" visit.
This will be diagnostic testing based on your child's medical diagnosis.

If you do not have insurance

- If you are not able to pay your bill in full, you can make arrangements with one of our customer service representatives at 682-885-4432 **prior** to your appointment.

If you have insurance

- You may have a co-payment.
- Your insurance may apply all or part of your medical center charges to your deductible. If you have not met your deductible, you may have a balance due at the time of your visit.
- If you are not able to pay your bill in full, you can make arrangements with one of our customer service representatives at 682-885-4432 **prior** to your appointment.

I have read, understand and agree with the above financial policy.

I understand that charges not covered by my insurance, as well as applicable co-payments and deductibles, are my responsibility.

I authorize my insurance benefits to be paid directly to Cook Children's Medical Center. I authorize Cook Children's Medical Center to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim.

Printed name

Signature

Date

Neuropsychology developmental questionnaire

Date: _____

Patient's name: _____ Age: _____

Family composition

Individuals living in household

Parents or siblings outside of household

(Please include step-parents, roommates, partners)

<u>Member</u>	<u>Age</u>	<u>Relationship</u>	<u>Member</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parents' current marital status: _____

Parent _____ occupation: _____

Place of employment: _____ Education: _____

Parent _____ occupation: _____

Place of employment: _____ Education: _____

Medical and developmental history

The information you furnish is held in confidence. Please answer in the blanks provided.

- 1) Was child adopted? _____ If so, at what age? _____
- 2) Date of last hearing test? _____ Normal? _____
- 3) Date of last vision exam? _____ Normal? _____
- 4) Current health problems? _____
- 5) Up to date on vaccinations? _____

Neuropsychology developmental questionnaire

Date: _____

Please check if anyone in your family (parents, grandparents, siblings, aunts, uncles) has ever had any of the following problems:

	<u>Mother's Side</u>	<u>Father's Side</u>
ADHD (attention problems/hyperactivity):	_____	_____
Learning disorder:	_____	_____
Depression/suicide:	_____	_____
Anxiety/excessive worry:	_____	_____
Obsessive compulsive symptoms: (e.g. excessive hand washing, checking, performing rituals)	_____	_____
Panic attacks:	_____	_____
Alcohol/drug use:	_____	_____
Schizophrenia:	_____	_____
Bipolar disorder (manic depression):	_____	_____
Problems with the law:	_____	_____
History of seizures:	_____	_____
Autism:	_____	_____
Tourette syndrome/tics:	_____	_____

Pregnancy history

- 1) Length of pregnancy: _____
- 2) List medications taken during pregnancy: _____
- 3) Check any of the following that were present during your pregnancy with this child:
High blood pressure _____ Use of nonprescription drugs _____ Drinking alcohol _____
Bleeding _____ Smoking cigarettes _____ Nausea _____ Headaches _____
Accidents _____ Swelling _____ Infections _____ Convulsions _____
Diabetes _____ Anemia _____ Vomiting _____
- 4) Birth weight of child: _____
- 5) Please describe any complications which occurred during delivery: _____

Neuropsychology developmental questionnaire

Date: _____

Infancy and early childhood

- 1) Was the child a cuddly baby? _____ Irritable baby? _____
- 2) At what age did your child?
Sit alone: _____ Crawl: _____ Walk: _____ Speak single words: _____
Speak several words together: _____ Toilet train: _____
- 3) Which best describes your child's development (check one): ___ Slow ___ Fast: ___ Normal
- 4) What is your opinion of your child's intelligence: ___ Average ___ Below Average ___ Above Average
- 5) Additional comments: _____

- 6) Has your child received physical therapy? _____ When? _____
- 7) Has your child received occupational therapy? _____ When? _____
- 8) Has your child received speech therapy? _____ When? _____
- 9) Has your child ever had (check all that apply): ___ Seizures or convulsions? ___ Head Injuries?
___ Memory problems? ___ Coordination problems?

Discipline

- 1) Has child ever been physically abused? _____ Sexually abused? _____

School history

- 1) Name of present school: _____ Grade: _____
- 2) Is the child in Special Education/ARD meetings? _____
If yes, which service: Resource: _____ Content mastery: _____ Behavior improvement: _____
ECI: _____ Alternative school? _____ 504? _____
- 3) Has the child ever repeated a grade? _____ If yes, what grade(s)? _____
- 4) How many schools has your child attended? _____

Neuropsychology developmental questionnaire

Family problems which may be affecting your child

_____ Recent or multiple moves?	_____ Custody dispute?
_____ Parental separation or divorce?	_____ Financial stresses?
_____ Family violence?	_____ Health problems?
_____ Conflict between parents?	_____ Psychiatric illness?
_____ Drug or alcohol abuse?	_____ Death in the family?
_____ Remarriage or new partner?	_____ Absence of parent?

Other treatment

1) Has your child had previous counseling? _____
Psychological or Neuropsychological Testing? _____
Medication for behavior problems? _____
If yes, what agency or individual treated him/her? _____

Comments: _____

Signature of person completing form

Relationship to child

Date

Medication history

(please include any herbal or regular over-the-counter medicines)

Patient Name: _____

Completed by: _____ Date: _____

Name of medication	Route	Reason	Date started	Effects of medications	Date stopped
Tylenol 200mg	By mouth	Migraines	3/10/14	None	3/20/14

Please list allergies to any food and/or medicines:
