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
1500 Cooper St., 4th Floor  |  Fort Worth, TX 76104
682-885-7450  |  682-885-3308 fax
cookchildrens.org/neuro
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.

<table>
<thead>
<tr>
<th>Appointment day:</th>
<th>Date:</th>
<th>Appointment time:</th>
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24-hour notice is required on all cancellations.

cookchildrens.org/neuro
**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/neuro.
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
Cook Children’s Family/Visitor Parking and Drop-off Locations

Directions to the 7th Ave. Garage
Parking for Family and Visitors

Traveling north or south on I-35W:
• Exit on I-30 and travel west.
• Take the Summit Ave./8th Ave. exit.
• Turn south on 8th Ave.
• Turn left on Pennsylvania Ave.
• Turn right on 7th Ave.
The 7th Ave. Garage is on the left.

Traveling east or west on I-30:
• Take the Summit Ave/8th Ave exit.
• Turn south on 8th Ave.
• Turn left on Pennsylvania Ave.
• Turn right on 7th Ave.
The 7th Ave. Garage is on the left.

Drop-off locations with valet parking service

1. Medical Center Main Entrance
2. Dodson Lower Level Entrance for Dodson Surgery Center and Outpatient Radiology
3. Dodson Specialty Clinics Entrance

Cook Children’s Medical Center • 801 Seventh Ave., Fort Worth, TX 76104 • 682-885-6200 • www.cookchildrens.org
Date: ___________________________

Patient’s name: _____________________________________________Age: ________________

Family composition

Individuals living in household Parents or siblings outside of household
(Please include step-parents, roommates, partners)

<table>
<thead>
<tr>
<th>Member</th>
<th>Age</th>
<th>Relationship</th>
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<th>Age</th>
<th>Relationship</th>
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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? ____________________________
Date: ___________________________

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mother’s Side</th>
<th>Father’s Side</th>
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<tbody>
<tr>
<td>ADHD (attention problems/hyperactivity):</td>
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<td>Learning disorder:</td>
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<td>Depression/suicide:</td>
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<td>Anxiety/excessive worry:</td>
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<tr>
<td>Obsessive compulsive symptoms:</td>
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<td>(e.g. excessive hand washing, checking, performing rituals)</td>
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<tr>
<td>Panic attacks:</td>
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<td>Alcohol/drug use:</td>
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<td>Schizophrenia:</td>
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<td>Bipolar disorder (manic depression):</td>
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<td>Problems with the law:</td>
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<tr>
<td>History of seizures:</td>
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<tr>
<td>Autism:</td>
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<tr>
<td>Tourette syndrome/tics:</td>
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**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? ________________________________

CookChildren's.
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
<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Route</th>
<th>Reason</th>
<th>Date started</th>
<th>Effects of medications</th>
<th>Date stopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol 200mg</td>
<td>By mouth</td>
<td>Migraines</td>
<td>3/10/14</td>
<td>None</td>
<td>3/20/14</td>
</tr>
</tbody>
</table>

Please list allergies to any food and/or medicines:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Cook Children’s.