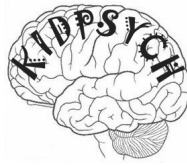


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Consultation Questionnaire

Child's name: _____ Today's Date: _____

Gender: M F Age: _____ Grade in School: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip code: _____

How were you referred to me? _____

Information supplied by (name and relationship to the Child): _____

What are you hoping to gain from your consult with me? (Please check all that apply)

To begin the assessment process; intake interview

Questions answered about special education or other public entity

Interpretation of previous testing that was not adequately explained to you

Discussion of parenting issues

Other: _____

What, in your opinion, is the major cause(s) of your child's difficulties? _____

Other factors/circumstances you feel are important: _____

Your child's strengths: _____

Your child's weaknesses: _____

Do both parents (if applicable) agree about nature & cause of difficulties? _____

What you hope to gain through an assessment by me (if applicable):

Diagnosis: please specify (if applicable)

Trying to obtain services at school (e.g. special education)

Need a diagnosis for obtaining services at regional center or other public agency

Trying to obtain SSI

Need a diagnosis for accommodations for SAT

Knowledge about neuropsychological processing difficulties

Recommendations to help at home, school, or both (please circle)

Recommendations for treatment

Standardized knowledge about your child's actual levels in academic achievement

Other: _____

Areas You Believe Need Assessment

The following are some of the evaluation areas that I am expert at assessing. Although I will make recommendations toward the end of our consult as to what areas I'm concerned about, I would like to know if you have any opinions on areas of need:

- Intellectual (IQ, general cognitive functioning level)
- Emotional (e.g. possible depression, anxiety)
- Behavioral (e.g. problems with aggression, impulsivity)
- Adaptive Behavior (functional behaviors, activities of daily living)
- Academic Achievement (specifically: reading, math, spelling, writing)

Neuropsychological Assessment Areas:

- Attention
- Executive Function
- Language Processing
- Memory and Learning
- Visuoperceptual/Visuospatial
- Sensory and Motor
- Processing Speed

Family Information (please print)

Mother's name: _____ Email address: _____

Home telephone #: _____ Cell phone #: _____

Work phone number: _____ Highest grade completed: _____

Occupation: _____ Employer: _____

Father's name: _____ Email address: _____

Home telephone #: _____ Cell phone #: _____

Work phone number: _____ Highest grade completed: _____

Occupation: _____ Employer: _____

Parents: married, separated, divorced, not married, never married, now split
 re-married (mother, father, both), deceased (mother, father, both)

If separated or divorced, please indicate legal custody & physical custody arrangements:

Legal custody: mother only father only both parents have legal custody

Physical custody: mother only father only both parents share physical custody

If one parent has full legal and/or physical custody, please provide details about visitation (e.g. the actual, legally-granted visitation rights): _____

Child is: ___ biological, ___ adopted (at age ___), ___ foster

Siblings (name, age): _____

Others living in home: _____

Approximate family income (please circle): 20,000-40,000 40,000-60,000 60,000-80,000
80-100,000 100,000-150,000 150,000 or higher

Family losses (death, separation, etc.): ___ No ___ Yes

If "yes," please explain (please include approximate dates and or age of the child at occurrence): _____

Relocations: ___ No ___ Yes If yes, please explain: _____

Pregnancy/Birth History

Age of mother ___ and father ___ at delivery. How many prior pregnancies? ___ Miscarriages? ___

Any known health problems of mother during pregnancy _____

Depression or other emotional problems? _____

List any medications, tobacco use, or illicit drugs taken by mother during pregnancy _____

Delivery was ___ vaginal ___ Cesarean (reason: _____)

Baby was ___ full term ___ premature (___ weeks gestation) Birth weight ___ lbs. ___ ozs.

Any birth complications (e.g. hypoxia, jaundice, feet first, cord around neck)? _____

Did baby breathe spontaneously? ___ Oxygen required? ___ Apgar scores if known _____

Medical problems after discharge from hospital? _____

Any problems in first few months? _____

Developmental History

Motor development (crawling, walking, etc.): Accelerated Normal Problem

Age sat alone ___ crawled ___ stood alone ___ walked alone ___

Slow/awkward motor skills compared to siblings/others (e.g. running, climbing, biking, playing ball)? _____

Handedness: ___ right ___ left ___ both (please explain):

Was physical or occupational therapy ever necessary? When? _____

Speech and language: Accelerated Normal Problem

Age spoke first word ___ put 2-3 words together ___ sentences ___

Speech delays or problems (e.g. stuttering): _____

Oral motor problems (e.g. drooling, poor chewing): _____

Was speech/language therapy ever necessary? When? _____

Other languages besides English spoken at home now or in the past? _____

Other languages besides English your child is fluent in _____

Age when toilet trained _____ Problems with bedwetting? Urine accidents? Soiling? Until what age? _____ Any current problems? _____

Peer and/or sibling socialization: Accelerated Normal Problem
Gets along well with other children? _____ adults? _____ have friends? _____ keep friends? _____
Understand gestures? _____ Understand social cues? _____ Good sense of humor? _____
Have problems with peer pressure (e.g. alcohol or drug use)? _____
If social skills are problematic, please explain: _____

Medical History

Has vision been checked? _____ Any problems? _____

Has hearing been checked? _____ Any problems? _____

List serious illnesses/injuries/hospitalizations/surgeries

Date	Incident (explain)
_____	_____
_____	_____
_____	_____

Is there a history of: (please circle YES or NO)

Epilepsy?	YES NO	Lead poisoning/toxic ingestion?	YES NO
Staring spells?	YES NO	Febrile seizures (fever)?	YES NO
Asthma?	YES NO	Meningitis or encephalitis?	YES NO
Allergies?	YES NO	Loss of consciousness?	YES NO
Diabetes?	YES NO	Abdominal pain/vomiting?	YES NO
Ear infections?	YES NO	Headaches?	YES NO
Were ear tubes placed?	YES NO	Repetitive/stereotypic movements?	YES NO
If yes, what age? _____		Sleep difficulties?	YES NO
Tics/twitching?	YES NO	Impulsivity?	YES NO
Temper tantrums?	YES NO	Head banging?	YES NO
Eating difficulties?	YES NO	Nail biting?	YES NO
Self-injurious behavior?	YES NO	Head injury?	YES NO

Current medications & reasons they are taken: _____

Is there a history of learning difficulties in any family member? _____

Is there a history of neurological illness (including seizures) in any family member? _____

Is there a history of psychiatric illness in any family member? _____

Child's primary physician or pediatrician: _____

Educational History

Current school and school district: _____

Grade: _____ Any grades skipped or repeated? _____

Do you believe there are problems with (Please circle YES or NO):

Reading	YES	NO	Mathematics	YES	NO
Spelling	YES	NO	Writing	YES	NO
Behavior	YES	NO	Social adjustment	YES	NO
Attention/concentration	YES	NO	Other areas	YES	NO

Do teachers report problems in (Please circle YES or NO):

Reading	YES	NO	Mathematics	YES	NO
Spelling	YES	NO	Writing	YES	NO
Behavior	YES	NO	Social adjustment	YES	NO
Attention/concentration	YES	NO	Other areas	YES	NO

Where does/did your child attend school? (Please include school district name & city)

Preschool _____

Kindergarten _____

Elementary _____

Middle school _____

High school _____

In special education? _____ What educational category (e.g. learning disability): _____

At what age(s) did special education testing(s) occur? _____

Have you had any private testing or assessment performed? YES NO

If yes, by whom? _____

What has been previously evaluated?

Intelligence (IQ)	YES	NO	Academic achievement	YES	NO
Behavioral	YES	NO	Speech/language	YES	NO
Motoric	YES	NO	Other	YES	NO

Prior Psychological History

Is your child currently receiving any mental health services? Yes _____ No _____

If yes, from whom? _____

Has your child received any mental health services in the past? Yes _____ No _____

If yes, from whom? _____

Has your child been diagnosed by a doctor (licensed psychologist or physician) with any cognitive, behavioral or emotional condition? Yes _____ No _____

If yes, what? _____

Please feel free to add any other information you feel is important. Also feel free to write down any questions you have for me and bring them with you.

Please bring this form and any other pertinent information that you have available (e.g. private evaluations, school testing and IEP paperwork, work samples) to your initial consultation. You will be expected to pay at the beginning of your consultation time (in the form of check, cash, or money order). Both payment and a completed copy of this form are necessary for the consultation to proceed.

About Assessment, Diagnosis, Licensed Psychologists & Clinical Neuropsychologists

Assessment is completely different from mere "testing," because the former requires having varied and extensive training in not only childhood disorders, but in the interpretation of test results (although the words "assessment" and "testing" are often erroneously used interchangeably by those who merely "test"). The experts in the interpretation of tests are licensed psychologists. Whereas other professionals and paraprofessionals may be permitted to "test" in a discrete area, licensed psychologists are the only professionals who have been specifically trained to assess and diagnose all behavioral, emotional, developmental, and learning disorders. Those of us whose primary area of doctoral training was pediatrics are thus expert at assessing the "whole child."

Those licensed psychologists who have undergone additional doctoral-level training in clinical neuropsychology (brain-behavior relationships) are expert at assessing specific cognitive functions in addition to behavioral, emotional, developmental, and learning disorders. Amongst many other things, neuropsychological assessment yields a profile of learning strengths and weaknesses (in addition to diagnosis) which is often invaluable for guiding meaningful recommendations for treatment/intervention.

Clinical neuropsychological assessment goes beyond diagnosis. It requires the training and capability to integrate myriad areas of functioning into a coherent whole, based on extensive knowledge of the brain and central nervous system, as well as normal and abnormal development. Synthesis and integration ("assessment") is where real expertise comes to the fore, and is why licensed psychologists and clinical neuropsychologists undergo so many years of doctoral training.