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Information is Power[™]

Thank you for your interest regarding the neuropsychological evaluation of your client(s). Please review the required Financial Agreement (separate document) which outlines my current fee schedule. Please read this document carefully, as it contains important information including the terms of my billing policies and practices. It requires several initials and the attorney's signature, as discussed in the document. I will need a signed copy, from the referring party, for EACH patient who presents for evaluation—PRIOR to the evaluation date.

Please do not schedule a client for neuropsychological evaluation until a COMPLETE set of historical records is available for my review. Note: I prefer electronic (scanned) records on CD, WITH an index which outlines included records. Prior to the patient's evaluation, please provide the following records (when applicable and/or available):

- 1) First Responder's Reports (i.e. EMT, police, fire department, and/or ambulance).
- 2) Admission/Discharge summaries from the hospital (Emergency Room, Intensive Care Unit, Rehabilitation Unit). Note: billing records are not necessary.
- 3) Neuroimaging (CT, MRI, fMRI -- any imaging done of the BRAIN/HEAD (actual images--on CD AND Radiology Report).
- 4) Any previous neuropsychological, psychological, and/or psychiatric records, (including inpatient Hospitalization records, if applicable). Also, please request raw data from prior psychometric evaluations to be sent for my review.
- 5) Notes/summaries/reports for **ANY PRE-EXISTING**** symptom history, diagnoses, or treatment *pertaining to the brain, cognition, and/or mental health* (e.g. neurology, psychiatry, mental status exams, speech-language/cognitive therapy, psychological counseling, breathing/respiratory/lung function, and substance abuse).
- 6) Academic records (i.e. high school/college transcripts) from BEFORE the accident/illness. Transcripts from AFTER the accident/illness onset are requested as well. Please provide SAT, ACT, and/or any other available standardized testing results as well.
- 7) Employment history and/or performance evaluation records.
- 8) Collateral Contact information (phone numbers of close family members or friends who knew the patient before and after a toxic exposure/injury/illness onset) who would be willing to speak with Dr. Anderson regarding the patient's history and current functioning.

*****IT IS CRITICAL THAT ALL RELEVANT RECORDS FROM A PATIENT'S HISTORY BE PROVIDED TO ME PRIOR TO EVALUATION AND REPORT WRITING.*** Please be thorough in collecting and providing records. I generally do not spend time collecting such records myself. Accordingly, it is expected that the referring party (e.g. attorney) or patient provide a complete set of records for review, as historical information is crucial in formulating opinions and offering a differential diagnosis. The opinions, impressions, conclusions, and recommendations stated in my reports are subject to modification or amendment, should additional records, clinical data, or other information become available to warrant such a change.