

*Minh-Thu T. Le, PhD, ABPP*

*Clinical Neuropsychology*

Phone: (310) 869-1050

Fax: (714) 379-0187

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

---

RE: Neuropsychological Consultation

Please have the following form(s) completed and bring with you to your appointment. Please also bring any personal items you may need such as glasses, hearing aids, and medications. Get as much rest as possible and eat breakfast/lunch prior to your appointment. Unless an alternate arrangement has been made, the testing will take several hours (with short breaks included) to complete.

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

The office is located at **3415 S. Sepulveda Boulevard, Suite 1100**. The nearest cross street is Palms Boulevard. It is a lone glass/mirror building. You can park in the parking structure right next to the building. Follow the sign for Visitors Parking. Once in the building, check in with security and let them know that you are coming to see me on the 11<sup>th</sup> floor (Suite 1100/Regus). You will then be able to take the elevator to the 11<sup>th</sup> floor. Once there, go to the reception desk and let them know that you have an appointment with me. At the time of your appointment, I will come and escort you to my office. (You can also call me directly and I can meet you in reception.)

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Please feel free to contact me at (310) 869-1050 if you have any questions.

Thank you.

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

---

*3415 South Sepulveda Boulevard .. Suite 1100 .. Los Angeles, Ca. 90034  
11770 Warner Avenue .. Suite 110 .. Fountain Valley, Ca. 92708*

*Minh-Thu T Le, PhD, ABPP*  
*Clinical Neuropsychology*

Phone (310) 869-1050

Fax (714) 379-0187

**BACKGROUND INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Where Raised: \_\_\_\_\_  
First Language Learned: \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_  
Primary Language: \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

	<u>AGE</u>	<u>EDUCATION</u>	<u>OCCUPATION</u>
Brother(s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Sister(s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Mother:	_____	_____	_____
Father:	_____	_____	_____
Spouse:	_____	_____	_____
Son(s):	_____	_____	_____
	_____	_____	_____
Daughter(s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Education: Highest level/grade completed: \_\_\_\_\_ Where: \_\_\_\_\_  
Grades in high school: \_\_\_\_\_ Grades in college: \_\_\_\_\_  
Best/favorite subjects: \_\_\_\_\_  
Worst/least favorite subjects: \_\_\_\_\_  
Special education classes or tutoring?: \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Speech or language difficulties as a child? \_\_\_\_\_

Means of financial support: \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

	<u>JOB TITLE</u>	<u>COMPANY</u>	<u>LENGTH</u>
Current occupation:	_____	_____	_____
Past employment(s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

History of head injury?: Yes No

Yes: When: \_\_\_\_\_ With or without loss of consciousness?: \_\_\_\_\_

Briefly describe circumstance of head injury: \_\_\_\_\_

\_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Problem with vision?: \_\_\_\_\_

\_\_\_\_\_

Problem with hearing?: \_\_\_\_\_

\_\_\_\_\_

Present medical health problem(s) or condition(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All current medications (name & daily dosage): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past medical health problem(s) or condition(s): \_\_\_\_\_

\_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Past or present participation in psychotherapy (please specify reason for and length of therapy): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been given a psychiatric diagnosis?: \_\_\_\_\_

Have you been prescribed medication(s) for a mental or nervous condition? (please specify what medication and when):

\_\_\_\_\_

\_\_\_\_\_

Medical problem(s) including neurological disorders (such as stroke, Parkinson's, Alzheimer's, epilepsy) in family:

Relative: \_\_\_\_\_ Problem: \_\_\_\_\_

Relative: \_\_\_\_\_ Problem: \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Relative: \_\_\_\_\_ Problem: \_\_\_\_\_

Relative: \_\_\_\_\_ Problem: \_\_\_\_\_

Relative: \_\_\_\_\_ Problem: \_\_\_\_\_

History of psychiatric illness in family:

Relative: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Relative: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

History of drug use (including cigarettes & alcohol):

<u>NAME/TYPE OF DRUG</u>	<u>FREQUENCY OF USE</u>	<u>DURATION OF USE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prior psychological or neuropsychological assessment:

When: \_\_\_\_\_ By whom: \_\_\_\_\_  
When: \_\_\_\_\_ By whom: \_\_\_\_\_

If necessary, please use the back to explain your responses to the following questions:

- How do you get along with:
  - Your mother?: \_\_\_\_\_
  - Your father?: \_\_\_\_\_
  - Your brother(s) and/or sister(s)?: \_\_\_\_\_
  - Your spouse or significant other?: \_\_\_\_\_
  - Your children?: \_\_\_\_\_
  - Your friends?: \_\_\_\_\_
  - Your co-workers?: \_\_\_\_\_
- Who or what is most likely to upset you? \_\_\_\_\_  
\_\_\_\_\_
- When you become angry, do you tend to strike out or do you tend to "keep it in" and withdraw? \_\_\_\_\_  
\_\_\_\_\_
- How often do you lose your temper? \_\_\_\_\_
- Have you ever hit anyone? If yes, when and why? \_\_\_\_\_  
\_\_\_\_\_
- Have you ever been arrested? If yes, when and why? \_\_\_\_\_  
\_\_\_\_\_
- Do you often feel tense, nervous, or anxious? \_\_\_\_\_
- Do you often feel sad or depressed? \_\_\_\_\_
- Do you now or have you ever had thoughts of hurting or killing yourself? If yes, when and how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have trouble controlling your anger? \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

- 11. Do you ever feel overly energetic? \_\_\_\_\_
- 12. Do you often feel a complete lack of motivation? \_\_\_\_\_
- 13. Do you have trouble handling responsibility? \_\_\_\_\_
- 14. Do you have trouble managing your money? \_\_\_\_\_
- 15. Do you have trouble working safely? \_\_\_\_\_
- 16. Do you have trouble remembering things that happened in the recent past (such as what happened last week or last month)? \_\_\_\_\_  
\_\_\_\_\_
- 17. Do you have trouble remembering things from conversations you have had in the recent past? \_\_\_\_\_  
\_\_\_\_\_
- 18. Do you have trouble remembering people's names? \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

- 19. Do you have trouble remembering what you have read? \_\_\_\_\_  
\_\_\_\_\_
- 20. Do you have trouble remembering how to walk or drive to a certain place? Do you have trouble finding your way around an area you are familiar with? \_\_\_\_\_  
\_\_\_\_\_
- 21. Do you have trouble understanding or following a conversation? \_\_\_\_\_  
\_\_\_\_\_
- 22. Do you have trouble understanding what you read? \_\_\_\_\_  
\_\_\_\_\_
- 23. Do you ever have trouble speaking such as slurring your words, stuttering, being unable to put simple thoughts into words? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

- 24. Do you have trouble coming up with the words you want to use in conversation? \_\_\_\_\_  
\_\_\_\_\_
- 25. Do you have trouble coming up with the names of simple objects? \_\_\_\_\_  
\_\_\_\_\_
- 26. Do you have trouble paying attention even when you want to and are trying? \_\_\_\_\_  
\_\_\_\_\_
- 27. Have you ever seen, heard, or smelled things that other people could not? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

**Minh-Thu T. Le, PhD, ABPP**

*Clinical Neuropsychology*

Phone: (310) 869-1050

Fax: (714) 379-0187

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

PATIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Marital Status: \_\_\_\_\_

INSURANCE COMPANY 1: \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Insurance Mailing Address: \_\_\_\_\_

Telephone (Customer Service): \_\_\_\_\_

Insured Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

INSURANCE COMPANY 2: \_\_\_\_\_

Insurance Mailing Address: \_\_\_\_\_

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Telephone (Customer Service): \_\_\_\_\_

Insured Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

I authorize payment of benefits to be paid directly to Dr. Minh-Thu T. Le and I understand that I will be responsible for any deductible, coinsurance and/or co-payment amounts. I also authorize Dr. Le to release to my insurance company all information required in the processing of this claim. In the event that this claim is incorrectly processed by my insurance company, I authorize Dr. Le to file a complaint with the Dept. of Insurance and the Dept. of Managed Health Care and to release to these agencies all pertinent information. I am aware that Dr. Le uses electronic billing when possible. A copy of this authorization shall be considered as effective and as valid as the original.

(The following paragraph is not applicable for Medicare, Blue Shield of California, Anthem Blue Cross, United Health Care, or Cigna Health Care subscribers.) I understand that the service will be provided out-of-network. In the event that payment is sent directly to me, I agree to immediately forward the payment and the explanation of benefits (EOB) to Dr. Le. I am aware that I will be responsible for the full charge if the insurance payment and the EOB are not forwarded to Dr. Le.

Please purchase "VeryPDF SPL to PDF Converter Command Line" on "http://www.verypdf.com/" to remove this watermark.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3415 South Sepulveda Boulevard .. Suite 1100 .. Los Angeles, Ca. 90034  
11770 Warner Avenue .. Suite 110 .. Fountain Valley, Ca. 92708