HOLLY CARLSON ZHAO, Ph.D. LICENSED PSYCHOLOGIST, NEUROPSYCHOLOGY

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CENTER FOR OPTIMAL BRAIN HEALTH
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PATIENT INFO

Patient Name:_____ Date of Birth: _____ Date: _____

Home Address: _____
UNIT CITY STATE ZIP

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Diagnosis Code: _____ Description: _____

SERVICES

WELLNESS

- ☐ Cognitive Baseline Testing - Brief
- ☐ Cognitive Testing Re-Evaluation - Brief
- ☐ Working Memory & Cognitive Performance Training

DIAGNOSTIC

- ☐ MCI/Alzheimer's/Dementia Screening
- ☐ Full Neuropsychological Evaluation
- ☐ Consultation

REASON FOR REFERRAL

WELLNESS

- ☐ Family History of Alzheimer's
- ☐ Changes in Memory/Attention
- ☐ Sleep
- ☐ Nutrition
- ☐ Physical Health
- ☐ Patient Concerns
- ☐ Other: _____

☐ Diagnostic Clarification:

☐ Prognosis:

DIAGNOSTIC

- ☐ MCI
- ☐ Alzheimer's/Other Dementia
- ☐ Memory:
  - TBI / CVA / Driving Competency
- ☐ ADD/ADHD:
- ☐ Psychiatric Conditions:

_____

- ☐ Changes in Memory/Attention
- ☐ Substance Use:

_____

- ☐ Other: _____

Other Concerns:

- ☐ Work-related Competency
- ☐ Cognitive Training
- ☐ Cognitive Strengths/Weaknesses
- ☐ Driving Competency
- ☐ Living Situation
- ☐ Decision Making
- ☐ Caregiving
- ☐ IADLs/ADLs

Physician's/Provider's Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____