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Information about Your Fit-for-Duty Psychological/Neuropsychological Examination

Name of Examinee: _____

Date of Initial Appointment: ____/____/____

You have been referred to see me for psychological and/or neuropsychological examination at the request of your employer regarding any mental or emotional difficulties that might be impacting your ability to work safely and perform your job. All fees for my services will be paid by your employer, unless otherwise arranged.

I will not be providing any counseling or therapy during our visits together. However, I encourage you to seek or continue mental health services with another provider, if you think it would be helpful.

The examination will consist of a chance for me to meet with you and ask many questions about your symptoms and personal history. After meeting with you, we will then find a date for you to come back to complete various tests of your mental, social, and emotional functioning. These tests are designed to better understand and rate some of the mental and/or emotional symptoms that are a part of your case. I will use this information to prepare report for the person requesting this examination.

Some tests you will complete on your own (such as a paper-and-pencil questionnaire), and others will be given by myself or my testing technician. If a technician is used in your case, this person will work under my direction and responsibility. This technician will have limited access to your health care record for the purposes of administering and scoring tests. A few tests might be computer-administered.

I will approach this examination with the intent to be as objective as possible and neutral about the final outcome of this case. Regardless of who has hired me to perform this examination, it is not my job to take sides or decide the outcome, but to provide information to your employer about how your thinking and actions may be impacting your ability to do your job. I will provide only one piece of the puzzle. However, it is important to note that the information in this report may support your position, but may also be used to go against your position and interests.

After signing appropriate releases of information, my report containing all the information I collect from our meetings and tests will be made available to the person referring you to my office. This person may then share this report with other parties involved. I cannot directly release a copy of my report to you, as it belongs to the person or agency referring and paying for the service.

Your examination may require testing of your learning ability, memory, attention, or reasoning skills. If this is appropriate in your case, we may do these the same day of your initial visit, or schedule you for a return visit. You do not need to do anything special to prepare for these tests. We will take regular breaks and you can move around in any way needed to feel comfortable. Here are some tips to help your appointment go well:

- Come to the appointment well-rested and ready to concentrate.
- Dress comfortably.
- Eat a light, healthy snack before coming.
- Unless necessary to your health, try to avoid any medicines that make you sleepy or confused at least 12 hours before the appointment.
- Do not drink alcohol for at least 12 hours before the appointment.
- If you take pain medicine, continue to take exactly what you normally take on a day-to-basis. Do not skip your dose, but try not to take extra, either. If you have recently started a new pain medication, we may wait for several weeks before testing to allow you body to adjust. If you are having a major pain flare up on the day of testing, let us know and we will postpone the tests until things have calmed down.
- If you take tranquilizing medication for anxiety or muscle relaxers, do not take any more or less than what you are accustomed to.
- Be sure to bring hearing aids and reading glasses, if you need them.
- If you are unsure why you are coming for the appointment or confused about your symptoms, bring a trusted relative or friend who can help describe your situation.
- Bring a list of all your current medicines and doses. Include over-the-counter medicines, herbs, and other medical devices (i.e., vitamins, sleep machines, TENS, etc.).

I understand the above information and agree to proceed with the examination.

Signed: _____ Date: _____

Examiner: _____ Date: _____