

## Stephen S. Meharg, Ph.D. ABN

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# Information about Your Guardianship or Vulnerable Adult Protection Examination

You may have some questions about why you are seeing me. Let me try to answer some of these.

**Who Are You?** My name is Dr. Stephen Meharg. I am a Neuropsychologist. My specialty is testing how certain medical problems can affect a person, including their thinking, emotions, decision-making, and memory skills.

**Why am I Seeing You?** You are seeing me because some people believe you may be having problems with your memory or other mental skills that could make it hard for you to manage your personal and financial affairs, or leave you vulnerable to being hurt or exploited by others.

**Who Sent Me?** A *Guardian ad Litem* (“temporary guardian”) has been assigned to look in to your case and report back to the court about his or her findings and recommendations. This person is not a doctor. They have asked for my help in finding out more about you and how you are doing. The Guardian ad Litem has asked you to visit me.

**What Will Happen?** My job is to talk with you and test your thinking skills to see if you need this type of help. We will talk for a while before doing any tests. I will ask lots of questions to get to know you. Some questions may be personal, so let me know if there are things you wish not to talk about. I will then give you some tests of your mental abilities. Your scores on these tests will be compared to others of your age. You will not be getting any treatment or counseling today. Talking and testing will take 1-3 hours. You can go home once we are done with the tests.

***What are the Possible Risks and Benefits to Me?*** These tests allow us to determine how you are *really* doing, not just what someone thinks or says about you. I do not take any sides in the matter. I would be happy to explain that you are doing well and can probably manage things on your own. It is also possible the tests may indicate enough problems to suggest you may need some help managing your affairs. Some of your personal rights could be taken away.

We will try to make the process as comfortable as possible. Pain can be made worse by sitting for a long time. Rest and stretch breaks can be taken at any time. For some people, these tests can be tiring, frustrating, and embarrassing. Some of the tests are easy. Some will be hard. You are only expected to try your best, and not worry about getting everything correct. I will do my best to help you do your best on these tests.

***Who is Paying For This?*** In most cases, I will send my bill to the person asking me to see you. They will pass my bill along to the person responsible for paying. I often do not know who this will be. No money will be collected today. Medicare and other insurances do not pay for this service.

***Is What We Talk About Private?*** Not completely. My report will go to the Guardian ad Litem, who will probably share it with the Judge and any lawyers that might be involved. Only the people who need to will see this information. If needed, I may also need to review your medical records in order to better understand your conditions and medications.

While this may not apply to you, other reasons privacy could be broken include if someone tells me they are being abused, or if they have plans to hurt themselves or someone else.

**When we meet, please let me know if you have any questions or concerns about this information.**

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Before we begin the visit, there is some information I need to collect about you, followed by having you sign that you read and understand the information above. Signing the paper does **not** mean you agree with having to see me or that you need a guardian. It just means you were given this information and are willing to continue with the visit. You can have someone help you fill out the form on the next page, if needed.

## Some Basic Information About You

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

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

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
city State Zip

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Marital Status:     single    married    divorced    widowed

Who is your current physician? \_\_\_\_\_

City: \_\_\_\_\_

*Please plan to provide me a list of your medications, if you know them.*

## Place to Sign

*I have been informed about the reasons I am here, what will happen, risks and benefits, fees, limits of privacy, and access to my medical records. I agree to see Dr. Meharg and cooperate with the examination to the best of my ability.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (relationship, e.g., spouse, child, friend, POA, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stephen S. Meharg, Ph.D.

\_\_\_\_\_  
Date