

Christiane Creveling-Benefield, Ph.D., Licensed Clinical & School Psychologist

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Dear Louisiana Rehabilitation Services (LRS) Clients,

Thank you for scheduling your LRS evaluation with my office. The following are some Frequently Asked Questions (FAQs) about your visit.

Where am I going and why?

Your counselor at Louisiana Rehabilitation Services (LRS) has referred you for a psychological or neuropsychological evaluation to assist in your academic and/or vocational planning. To avoid delays in receiving services through LRS, it is critical that you keep your appointment and allot enough time to complete your evaluation. A standard evaluation takes approximately two hours. Neuropsychological evaluations require considerably longer and may need to be scheduled over one or more testing days, as needed to examine your disability thoroughly. If you must reschedule, please do so within 48 hours of your appointed time.

What can I expect?

You will meet with Dr. Creveling, a licensed psychologist, for an initial interview during which time she will obtain information about your background, reason for seeking disability benefits, etc. You will then take a series of tests designed to yield information about your verbal and non-verbal abilities, academic strengths and weaknesses, and other areas relevant to your disability.

After the evaluation, then what?

After your appointment, we will mail a written report to your LRS counselor. If you have questions after your evaluation is completed, please contact your vocational counselor, as he or she will be able to assist you best.

It is my sincere hope that the information provided in this packet is helpful in expediting your Louisiana Rehabilitation Services (LRS) evaluation. Please do not hesitate to call or email, if I can offer additional information or be of further assistance.

Sincerely,



Christiane Creveling-Benefield, Ph.D.
Licensed Psychologist

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REGISTRATION FORM

LOUISIANA REHABILITATION SERVICES (LRS) CLIENTS

CLIENT'S Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Date of Birth: _____ Age: _____ SEX: M F Race: _____

Alternate Contact/Nearest Relative _____ Relationship? _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Address (If different from client): _____

Client's Physician: _____

Last Physical Exam: _____ Height: _____ Weight: _____

Prescription medication being taken? _____

Last vision exam (when, by whom, results): _____

Last hearing exam (when, by whom, results): _____

By my signature below, I am hereby consenting to assessment and authorizing Christiane Creveling-Benefield, Ph.D. and/or staff to release &/or obtain information regarding professional services to Louisiana Rehabilitation Services (LRS). I understand that I may revoke this consent at any time and that such revocation **MUST BE IN WRITING**. Consent will expire one year from the date below unless sooner revoked.

Signature of Client (if age 18+years) or Parent/Guardian

Date

BACKGROUND INFORMATION & HISTORY

Client's Name: _____ DOB: _____ Age: _____

Who accompanied you? _____

The following questionnaire gives you “prompts” to provide personal information about your medical, mental health, academic, work, and family history. Feel free to use the back of the page, if you need additional space to report your history.

Medical condition (including substance abuse)? Yes No
If yes, please explain:

Mental health/psychiatric condition/disability (anxiety, depression, etc.)? Yes No
If yes, please explain:

Intellectual or cognitive disability (e.g., “slow learner”)? Yes No
If yes, please explain:

Learning disability (e.g., difficulty with reading, writing, or math)? Yes No
If yes, please explain:

Other diagnosis or condition? Yes No
If yes, please explain:

Describe date of diagnosis and treatments for the above diagnoses and/or presenting problem(s):

PRE-NATAL & EARLY CHILDHOOD

Client's mother's pregnancy & delivery with client (complications, premature, c-section?):

Developmental Milestones (When met, any delays, etc.)

Walk:

Talk:

Potty Train:

Enuretic (wets the bed):

History of Ear Infections/Tubes?

Speech Therapy (when, where, how long, results)

Occupational Therapy (when where, how long, results)

Physical Therapy (when where, how long, results)

MEDICAL HISTORY

Diagnosis?

Treatment?

Medication?

When (to/from)?

Physician?

Hospitalizations (When/Why)?

CURRENT MEDICAL CONDITIONS

General Health (good, fair, poor, etc.)?

Recurrent Ailments (e.g., headaches, stomachaches)?

Current Medications or regular intake of vitamins?

Last Hearing Test (when, by whom, results): ___ Passed ___ Failed

Last Vision Test (when, by whom, results): ___ Passed ___ Failed

Hearing aids or glasses (nearsighted, farsighted, or other)?

Sleep Habits (bed times, grinds teeth, restless, talks in sleep, wakes often, etc.):

Appetite:

Substance Use & Experimentation

(Past & Current including age of first use, how long, how often):

Alcohol?

Illicit Drugs?

Treatment attempts (inpatient or outpatient, approximate dates, length of treatment, where/with whom)

MENTAL HEALTH/PSYCHIATRIC HISTORY

Current Medications?

___ Individual, ___ Family or ___ Group Therapy (when, how long, why, with whom)?

Diagnosis?

Treatment?

Medication?

When (to/from)?

Practitioner?

Psychiatric hospitalizations (when, why, with whom)?

Nervous habits (bites nails, chews clothing, motor tics)?

History of emotional, physical, sexual abuse (specify)?

Past & present suicide attempts/ideation?

Significant life events & dates (Include deaths, parental separation/divorce, trauma, change in financial status, recent moves, divorce, loss of friends/pets, etc.)?

Legal history (Specify ALL juvenile and adult arrests and charges with approximate dates/ages, convictions, and sentence/penalties, etc.)?

SOCIAL HISTORY

Describe relationships with significant others (family, friends, spouses, boss/coworkers, etc.):

Describe relationships with others as a child/temperament:

Involvement in extracurricular activities (baseball, dance, boy scouts, gymnastics):

SCHOOL HISTORY

Highest grade completed?

Highest degree completed (when, where, what major)?

If in school, present school & grade?

Previous schools, degrees, majors, & grades (include dates):

Cumulative GPA high school:

Cumulative GPA college:

Best Subject:

Worst Subject:

Relationship with teachers?

Any failed or repeated grades? If so, which ones?

Any summer school? If so, following which grade?

School-related behavior problems?

History of suspensions or expulsions (when, what grade, offense, how long, etc.)

Tutoring, Reading programs, IEPs, or any current/historic class accommodations:

Would you like to return to school? If so, when, what school, what program/major/field?

WORK HISTORY AND DAILY SCHEDULES

Current Position (with whom, when/how long, duties):

Previous jobs/fields (with whom, when/how long, duties, reasons left):

Ever fired? If so, which position and why?

Are you interested in changing jobs? If so, to what field or type of position?



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