



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

4300 South I-10 Service Rd. West, Suite 112 ♦ Metairie, Louisiana 70001 ♦ 504-265-7595 ♦ [www.YourPsych360.com](http://www.YourPsych360.com)

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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)
- \_\_\_\_\_ Parent(s) \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

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: \_\_\_\_\_

Person completing this form? \_\_\_\_\_

**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.**

**REASON FOR REFERRAL/PRIMARY CONCERN**

**Mental health/psychiatric condition/disability (anxiety, depression, etc.)? Yes No**

If YES, who diagnosed and when/date of diagnosis? \_\_\_\_\_

Have these conditions/disabilities been treated (medical management, therapy, etc.) Yes No

If yes, please explain. \_\_\_\_\_

**Intellectual or cognitive disability (e.g., “slow learner”)? Yes No**

If YES, who diagnosed and when/date of diagnosis? \_\_\_\_\_

Have these conditions/disabilities been treated (medical management, therapy, etc.) Yes No

If yes, please explain. \_\_\_\_\_

**Learning disability (e.g., difficulty with reading, writing, or math)? Yes No**

If YES, who diagnosed and when/date of diagnosis? \_\_\_\_\_

Have these conditions/disabilities been treated (medical management, therapy, etc.) Yes No

If yes, please explain. \_\_\_\_\_

**Other diagnosis or condition? Yes No**

If YES, who diagnosed and when/date of diagnosis? \_\_\_\_\_

Have these conditions/disabilities been treated (medical management, therapy, etc.) Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRE-NATAL & EARLY CHILDHOOD**

Describe client's mother's pregnancy & delivery with client (complications, premature, C-section?). \_\_\_\_\_

\_\_\_\_\_

Did client come home with mother after normal hospital stay following birth? Yes No  
If NO, please describe (how long in hospital, placement in neonatal intensive care unit [NICU], reason for prolonged hospital stay, etc.). \_\_\_\_\_

\_\_\_\_\_

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

Social smile?

Walking?

Talking?

Toilet Train?

Enuresis (daytime or nighttime urination/bedwetting)?

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**

Medical conditions (including substance abuse)? Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

<u>Diagnosis/condition?</u>	<u>Treatment?</u>	<u>Medication?</u>	<u>When (to/from)?</u>	<u>Physician?</u>

Hospitalizations (When/Why)? \_\_\_\_\_

\_\_\_\_\_

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

Recurrent Ailments (e.g., headaches, stomachaches)? If yes, how often (e.g., 1x/day, 4x/week)? \_\_\_\_\_

\_\_\_\_\_

Current Medications or regular intake of vitamins?

<u>Medication?</u>	<u>Dose?</u>	<u>What condition?</u>	<u>When (to/from)?</u>	<u>Prescribing MD?</u>

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:

What time does client go to bed on school/work days? \_\_\_\_\_ On weekends? \_\_\_\_\_

What time does client wake on school/work days? \_\_\_\_\_ On weekends? \_\_\_\_\_

Is sleep disrupted? If yes, please described (e.g., grinds teeth, restless, talks in sleep, wakes often, etc.). \_\_\_\_\_

Describe appetite. \_\_\_\_\_

Substance Use & Experimentation:

- Alcohol, age of first experimentation/use? \_\_\_\_\_  
Current use: How often (e.g., 2 nights/week, 5 nights/week)? \_\_\_\_\_  
What does client drink? \_\_\_\_\_ How much (e.g., 3 drinks/sitting)? \_\_\_\_\_
- Illicit drugs, age of first experimentation/use? \_\_\_\_\_  
Current use: How often (e.g., 2 nights/week, 1 nights/month, daily)? \_\_\_\_\_  
What does client use? \_\_\_\_\_

Describe substance abuse treatment attempts (inpatient or outpatient, approximate dates, length of treatment, where/with whom). \_\_\_\_\_

**EMOTIONAL & MENTAL HEALTH/PSYCHIATRIC HISTORY**

Describe infancy or childhood temperament (fussy, calm/easy, easy or difficult to soothe). \_\_\_\_\_

Any nervous habits (bites nails, chews clothing, motor tics)? Yes No

If yes, please explain. \_\_\_\_\_

Any emotional or behavioral/outbursts? If yes, please describe.

What causes tantrums/outbursts? \_\_\_\_\_

How often (e.g., 3x/day, 1x/month) and how long do outbursts last (e.g., 5 minutes, 2 hours)? \_\_\_\_\_

How did/does the client calm down? \_\_\_\_\_

List all childhood and adult mental health/psychiatric diagnoses. \_\_\_\_\_

List all mental health medications.

Medication?	Dose?	What condition?	When (to/from)?	Prescribing MD?

Therapy/Counseling Interventions:

\_\_\_\_ Individual, \_\_\_\_ Family or \_\_\_\_ Group Therapy? Describe when, how long, why, with whom, etc.?

Diagnosis or reason for therapy?	Treatment?	When (to/from)?	Practitioner?

Past & present suicide attempts/ideation?

Yes No

If yes, please explain. \_\_\_\_\_

Mental Health/Psychiatric hospitalizations? If yes, please describe.

Where?	Diagnosis(es)?	Medication?	When (to/from)?	Why (suicidal, etc.)?

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

Yes No

If yes, please explain. \_\_\_\_\_

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.)?

**FAMILY INFORMATION**

Describe marital history of parents (if client is a minor) or personal marital history (for adults).

Status?      Married      Single      Divorced      Cohabiting  
Length of Current Relationship?  
Previous marriages/divorces (who, when, how long, reason for separation)?  
Children (biological/step, who, age, other parent, living arrangements)?

Please describe education, occupation, current relationship, etc. for each parent figure.

Mother \_\_\_\_\_  
\_\_\_\_\_

(Stepfather \_\_\_\_\_ )  
\_\_\_\_\_

Father \_\_\_\_\_  
\_\_\_\_\_

(Stepmother \_\_\_\_\_ )  
\_\_\_\_\_

If the client is a minor, how was/is he/she disciplined? By whom? What was/is the client's reaction to discipline? \_\_\_\_\_  
\_\_\_\_\_

List siblings (Birth order, names, ages, living situation/visitation, and current relationship). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any close family members had/have any of the following? If YES, please describe what & who:

Mental health/psychiatric? \_\_\_\_\_  
Academic/learning/attention problems? \_\_\_\_\_  
Medical/Attention/ADD/ADHD? \_\_\_\_\_  
Legal? \_\_\_\_\_

**SOCIAL/INTERPERSONAL HISTORY**

Describe relationships with others as a child. \_\_\_\_\_  
\_\_\_\_\_

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

Describe involvement in extracurricular activities (baseball, dance, boy scouts, gymnastics, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL HISTORY**

For adult clients, highest degree completed (What degree, when, where, what major, grade point average (GPA) at graduation)? \_\_\_\_\_  
\_\_\_\_\_

For child clients, highest grade completed? \_\_\_\_ Current school & grade? \_\_\_\_\_  
Previous schools/grades (include dates)? \_\_\_\_\_  
\_\_\_\_\_

Current grades/academic standing (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Cumulative GPA currently: \_\_\_\_\_ Cumulative GPA high school: \_\_\_\_\_ Cumulative GPA /college: \_\_\_\_\_

Best Subject: \_\_\_\_\_ Worst Subject: \_\_\_\_\_

Relationship with teachers? \_\_\_\_\_

Any failed or repeated grades? If so, which grade(s)? \_\_\_\_\_

Any summer school? If so, following which grade(s)? \_\_\_\_\_

School-related behavior problems? If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

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

Tutoring, Reading programs, IEPs, or any current/historic class accommodations? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For adult clients, would you like to return to school? If yes, when, what school, what program/major/field of study? \_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY AND DAILY SCHEDULES**

Describe current position (with whom/company, when/how long, duties)? \_\_\_\_\_  
\_\_\_\_\_

Describe previous jobs/fields (with whom, when/how long, duties, reasons left)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ever fired? If so, which position and why (e.g., event leading to termination)? \_\_\_\_\_  
\_\_\_\_\_

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



