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Comprehensive Neuropsychology Services

REASON FOR VISIT/CONCERNS

Please indicate the reason for your evaluation today. If you have any specific questions or concerns to be addressed by this assessment and in the report, list them below. Use the back of the page if necessary.

Will you be requiring any disability forms to be completed? YES NO

MEDICATIONS

To the best of your knowledge, please list any prescription medications you are taking. You don't need to list supplements unless they are related to thinking/memory or mood.