

ESTIMATED PREMORBID FUNCTION	
VCI:	PRI:
WMI:	PSI:
FSIQ:	
CURRENT INTELLECTUAL FUNCTIONING	
VCI:	PRI:
WMI:	PSI:
FSIQ:	
EFFORT	
PERSONALITY AND COPING STYLE	
MOOD	
ANXIETY:	DEPRESSION:
PSYCHOSIS:	ADJUSTMENT:

MEMORY	
ATTENTION AND WORKING MEMORY	
VERBAL:	VISUAL:
NEW LEARNING	
VERBAL	VISUAL
ENCODING/ASSIMILATION:	ENCODING/ASSIMILATION:
CONSOLIDATION/RETENTION:	CONSOLIDATION/RETENTION:
RETRIEVAL:	RETRIEVAL:
PROSPECTIVE MEMORY	RETROGRADE AUTOBIOGRAPHICAL MEMORY
VISUAL AND MOTOR SKILLS	
VISUAL/MOTOR IMPAIRMENT/MOTOR SPEED:	
PERCEPTUAL:	
VISUOSPATIAL ORIENTATION/DEPTH PERCEPTION:	
VISUOCONSTRUCTION:	
PRAXIS:	

DEVELOPMENTAL, EDUCATIONAL, AND OCCUPATIONAL HISTORY	
LANGUAGE AND HEARING	
SEMANTIC:	PHONEMIC:
CONFRONTATIONAL NAMING:	COMPREHENSION:
EXECUTIVE SKILLS	
CONCEPTUALIZATION/ABSTRACT REASONING:	
DIVIDED ATTENTION/MENTAL FLEXIBILITY:	
COGNITIVE SET-SHIFTING/MULTITASKING:	
INITIATION/INHIBITION (IMPULSIVITY/PERSEVERATION):	
SELECTIVE ATTENTION (RIGIDITY OF THOUGHT):	
PLANNING/ORGANIZATION:	
PROBLEM SOLVING:	
SELF-MONITORING/TIME MANAGEMENT:	
SOCIAL PERCEPTION/THEORY OF MIND:	

**FIGURE 5.4.** Neuropsychological assessment formulation sheet. Reprinted with permission from Dr. Sanjay Sunak.

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<b>IDENTIFYING INFORMATION</b>	
Name _____	Sex _____
Date seen _____	Age _____ Date of birth _____
Handedness _____	Address _____
Telephone contact person _____	
Referral source _____	
Referral source contact information _____	
<b>OBSERVATIONS</b>	<input type="checkbox"/> Changes in touch, taste, or smell
<input type="checkbox"/> Contact telephone	<input type="checkbox"/> Temperature dysregulation
<input type="checkbox"/> General appearance	<b>Cognitive</b>
<input type="checkbox"/> Ability to manage details of program participation	<input type="checkbox"/> General intellectual ability
<input type="checkbox"/> Social interactions	<input type="checkbox"/> Orientation
<b>MEDICAL INFORMATION</b>	<input type="checkbox"/> Attention and concentration
<input type="checkbox"/> Date of injury	<input type="checkbox"/> Learning and memory
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Visual processing
<input type="checkbox"/> History of injury	<input type="checkbox"/> Language and communication
<input type="checkbox"/> Medical information	<input type="checkbox"/> Social cognition
<input type="checkbox"/> Medical history	<input type="checkbox"/> Executive dysfunction
<input type="checkbox"/> Psychiatric history	<input type="checkbox"/> Metacognition (awareness of self in relation to others and the world around him or her, theory of mind)
<input type="checkbox"/> Drug and alcohol use	<b>Mood/emotions</b>
<input type="checkbox"/> Current medications	<input type="checkbox"/> Depression
<b>SOCIAL HISTORY</b>	<input type="checkbox"/> Grief
<input type="checkbox"/> Where born and raised	<input type="checkbox"/> Anxiety, including obsessive-compulsive behaviors
<input type="checkbox"/> Education—grade completed and grades/learning problems/special needs/above average	<input type="checkbox"/> Posttraumatic stress
<input type="checkbox"/> Work history—include type of work, responsibilities, quality of performance, regularity	<input type="checkbox"/> Irritability/anger
<input type="checkbox"/> Legal history	<input type="checkbox"/> Emotional dyscontrol
<input type="checkbox"/> Military history	<input type="checkbox"/> Interpersonal interactions
<input type="checkbox"/> Family—marital status, children, lives with whom?	<input type="checkbox"/> Self-esteem and self-confidence
<input type="checkbox"/> Social networks—both before and after injury	<input type="checkbox"/> Identity
<input type="checkbox"/> Leisure interests/hobbies/sports—both before and after injury	<b>Social</b>
<b>PRESENTING COMPLAINTS</b>	<input type="checkbox"/> Family
<b>Physical</b>	<input type="checkbox"/> Friends
<input type="checkbox"/> Weakness	<input type="checkbox"/> School or work
<input type="checkbox"/> Balance	<input type="checkbox"/> Groups (religious, charity work, clubs, sports)
<input type="checkbox"/> Dizziness	<b>Functional skills</b>
<input type="checkbox"/> Headache	<input type="checkbox"/> Basic ADLs (bathing, dressing, grooming, hygiene, toileting)
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Domestic ADLs (laundry, shopping, cooking, money management including banking, transportation including driving)
<input type="checkbox"/> Vision changes	<input type="checkbox"/> Leisure and recreation
<input type="checkbox"/> Hearing changes	<input type="checkbox"/> School
	<input type="checkbox"/> Volunteer work
	<input type="checkbox"/> Competitive employment

**FIGURE 5.7.** Checklist for initial interview. Reprinted with permission from Jill Winegardner, Oliver Zangwill Centre for Neuropsychological Rehabilitation.

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<b>Patient:</b> <b>Preferred Name:</b>	<b>Age on Admission:</b> <b>Date of Birth:</b> <b>Gender:</b>
<b>Address:</b>	<b>Next of Kin:</b> <b>Relationship:</b> <b>Contact Number:</b>
<b>Date Admitted:</b> <b>Funding body:</b>	<b>Admitted from:</b>  <b>Handover Available/Received?</b>
<b>Handedness:</b> <b>Glasses?</b> <b>Hearing Aid?</b>	<b>First Language:</b> <b>Nationality:</b>
<b>MEDICAL HISTORY</b>	
<b>Presenting Diagnosis:</b>	<b>Date of Injury:</b>
<b>History of Injury/Description (including scans):</b>	
<b>Previous Treating Facilities for This Injury:</b>	

(continued)

**FIGURE 5.9.** Raphael Hospital Department of Neuropsychology Admission Psychology Screen. Reprinted with permission from Anita Rose and Heidi Hand.

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<b>Current Medications:</b>	
<b>Relevant Previous Medical History/Family Medical History:</b>	
<b>PSYCHOSOCIAL HISTORY</b>	
<b>Family and Nature of Relationships:</b>	<b>Other Social Support:</b>
<b>Previous Living Arrangements:</b>	<b>Hobbies and Activities:</b>
<b>Employment History</b> ( <i>including current work situation</i> ):	<b>Educational History</b> ( <i>including age left education, any learning needs and qualifications</i> ):
<b>Previous Mental Health Concerns:</b>	<b>Previous Contact with Mental Health Services or Professionals</b> ( <i>dates/purpose</i> ):
<b>Substance Use History:</b>	<b>Other Significant Life Events/ Relevant Information</b> ( <i>losses, trauma, etc.</i> ):
<b>CURRENT PRESENTATION</b>	
<b>Level of Awareness</b> ( <i>if applicable</i> ):	<b>Physical Status</b> ( <i>transfers/ mobility</i> ):
<b>Continence Status:</b>	<b>Feeding/Swallowing Status:</b>
<b>Language/Communication:</b>	<b>Other Relevant Information:</b>

**FIGURE 5.9.** (*continued*)

<b>COGNITION</b>	
<b>Preadmission Reported Cognitive Impairments:</b>	<b>Previous Neuropsychological Assessments:</b>
<b>Patient Self-Reported Cognitive Difficulties:</b>	<b>Relevant Team Observations:</b>
<b>Cognitive Screen/Assessment of Orientation:</b>	<b>Relevant Family Observations:</b>
<b>Initial Formulation/Summary:</b>	
<b>PLAN FOR ONGOING PSYCHOLOGICAL INPUT:</b>	
<b>Any Immediate Protocol Required (e.g., orientation, confabulation):</b> <div style="text-align: right;"> <i>Date completed:</i>  <i>DOA</i> </div>	
<b>BEHAVIOR</b>	
<b>Preadmission Behavioral Presentation:</b>	<b>Preadmission Behavioral Management Strategies:</b>
<b>Behavioral Presentation Since Admission (ABCs, initial observations, interdisciplinary notes, etc.):</b>	

**FIGURE 5.9.** *(continued)*

<b>Initial Formulation/Summary:</b>
<b>PLAN FOR ONGOING PSYCHOLOGICAL INPUT:</b>
<b>Behavioral care plan required?</b>  <div style="text-align: right;"><i>Date completed:</i></div>
<b>Behavioral guidelines/protocols required?</b>  <div style="text-align: right;"><i>Date completed:</i></div>
<b>Monitoring charts required</b>  <div style="text-align: right;"><i>Date completed:</i></div>
<b>Functional behavioral analysis required?</b>  <div style="text-align: right;"><i>Date completed:</i></div>
<b>Positive behavioral support plan required?</b>  <div style="text-align: right;"><i>Date completed:</i></div>
<b>EMOTIONAL WELL-BEING</b>
<b>Self-Reported Current Mood</b> (e.g., feeling low/depressed, anxiety, angry, suicide/self-harm risks, flashbacks/PTSD):
<b>Self-Reported Previous Mental Health Concerns:</b>
<b>Self-Reported Coping Strategies (past and present):</b>
<b>Relevant Interdisciplinary Reports/Observations</b> (e.g., withdrawal, avoidance, aggression, agitation, anxiety, hallucinations, distress):
<b>Mood Screens Administered and Results</b> (HADS, DISCS, DASS, BASDECs, BDI, BAI, STAI):
<b>Risk of Self-Harm or Suicide:</b>

**FIGURE 5.9.** (continued)

<b>Initial Formulation and Summary:</b>	
<b>PLAN FOR ONGOING PSYCHOLOGICAL INPUT:</b>	
<b>Nursing/Emotional Well-Being Care Plan in Place?</b>	<i>Date completed: DOA</i>
<b>Suicide Risk Assessment Required?</b>	<i>Date completed:</i>
<b>OVERALL SUMMARY</b>	
<b>Initial Formulation and Summary:</b>	
<b>Patient Goals:</b>	
<b>PLAN FOR ONGOING PSYCHOLOGICAL INPUT:</b>	
<b>Actions:</b>	
<b>Psychological Input Status:</b> <i>Active</i> <i>Monitoring</i> <i>Closed</i>	
<b>A COPY OF THIS SCREEN IS TO BE PLACED IN THE PATIENT'S FILE AND PROVIDED TO THE PATIENT (if appropriate).</b>	

**FIGURE 5.9.** *(continued)*

<b>Client:</b>	<b>T-score start:</b>	<b>T-score end:</b>	<b>Completed by:</b>		
<b>GAS setting date:</b>	<b>Review date:</b>	<b>Client level of involvement:</b>	<b>Signature:</b>		
<b>PROBLEM:</b>					
<b>Level of predicted outcome</b>	<b>Goal No.</b>	<b>Weight of goal</b>	<b>Subject area</b>	<b>X / ✓</b>	<b>Steps to achievement</b>
<b>MUCH LESS THAN EXPECTED LEVEL OF OUTCOME (-2)</b>					
<b>LESS THAN EXPECTED LEVEL OF OUTCOME (-1)</b>					
<b>EXPECTED LEVEL OF OUTCOME (0)</b>					
<b>BETTER THAN EXPECTED LEVEL OF OUTCOME (1)</b>					
<b>MUCH BETTER THAN EXPECTED LEVEL OF OUTCOME (2)</b>					
<b>VARIANCE CODE</b>					

**FIGURE 7.1.** Goal Attainment Scaling form (original version). Reprinted with attribution under the terms of the open governance license; Donna Underwood on behalf of the Homerton University Hospital NHS Foundation Trust.

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NAME

GOAL SETTER (Discipline)  GOAL-SETTING DATE  FOLLOW-UP DATE

IMPORTANCE WEIGHTING (1–5)  GOAL SUBJECT AREA  COPIES DISTRIBUTED  Notes Patient

GOAL  PATIENT'S LEVEL OF INVOLVEMENT

LEVELS OF PREDICTED ATTAINMENT	GOAL	STEPS TO ACHIEVEMENT / ACTIONS
<b>Much better</b> than the expect outcome		X / ✓
<b>Better</b> than the expected level of outcome		
<b>Expected</b> level of outcome		
<b>Less than</b> the expected level of outcome		
<b>Much less than</b> the expected level of outcome		

Importance: 1 least important ; 2 not as important ; 3 important; 4 more important; 5 most important      Variance Code:       End T-score:

**FIGURE 7.2.** Goal Attainment Scaling form (Wolfson Neurorehabilitation Services version). Reprinted with permission from St. George’s University Hospital NHS Foundation Trust.

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