



NAME:

Patty Smith

DOB:

02/17/51

AGE:

67

SYMPTOM SCALE

Patient reports very high headache and neck pain; high confusion; moderate nausea; low dizziness; and very low blurred vision.

TOTAL SYMPTOMS: 10/13/2017 09:33 AM

8

1 - 12 range

SYMPTOM SEVERITY: 10/13/2017 09:54 AM

33

1 - 72 range

PSYCHOLOGICAL SCALES

MOOD SCALE - PHQ9: 10/13/2017 10:21 AM Lower is better

7

1 - 10 range

ANXIETY SCALE - GAD7: 10/13/2017 10:37 AM Lower is better

16

1 - 21 range

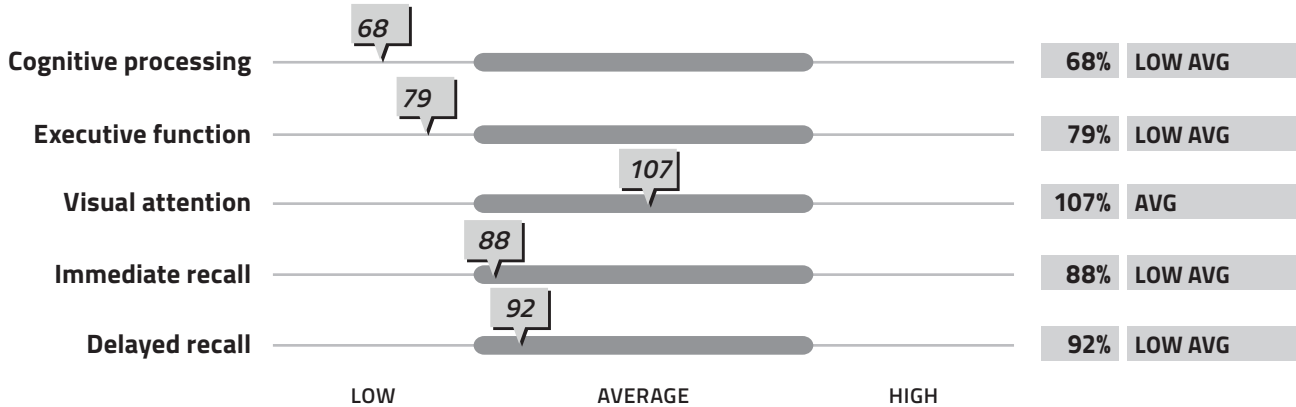
Patient reports problems as: SOMEWHAT DIFFICULT

NEUROCOGNITIVE ASSESSMENT

BRAINCHECK COMPOSITE SCORE:



COGNITIVE DOMAIN BREAKDOWN:



MALINGERING TEST: PASS

BrainCheck Overall Score: A composite score combining information from all neurocognitive assessments in the battery. Score range 0 to 30, with 30 being the best.

Standard score: A normalized score compared to the population. The mean score of the population is 100, and the standard deviation of the population is 15. Scores above 100 indicate increased performance compared to the average performance of the population.

Percentile rank: Ranking within the population tested. For example, if your score is 70%, 70% of the population scored lower than you.

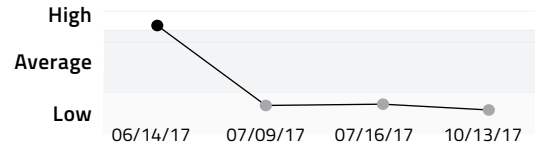
\* Indicates that results may be invalid

**IMPRESSIONS**

**Cognitive processing**

*Speed and accuracy of information processing*

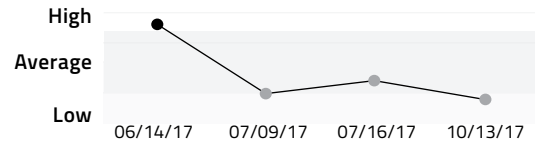
**LIKELY** indication of dysfunction



**Executive function**

*Cognitive inhibition and impulse control*

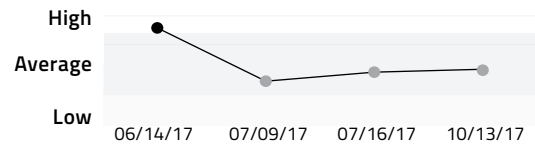
**LIKELY** indication of dysfunction



**Visual attention**

*Visual search speed and efficiency*

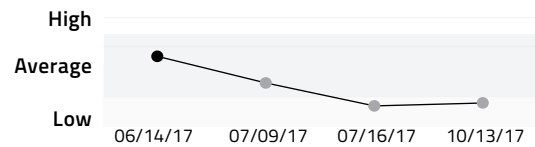
**UNLIKELY** indication of dysfunction



**Immediate recall**

*The ability to recognize items that previously appeared*

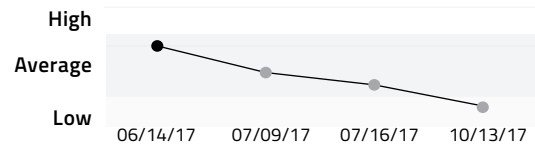
**LIKELY** indication of dysfunction



**Delayed recall**

*The ability to recognize items that previously appeared after a time delay*

**LIKELY** indication of dysfunction



Presence of cognitive impairment: **LIKELY**    Presence of anxiety: **LIKELY**    Presence of depression: **UNLIKELY**

Clinical correlation warranted.

**RECOMMENDATIONS**

- Conduct cognitive care planning
- Refer for rehabilitation
- Refer to psyc.

**NOTES:**

*For the presence of the 1st test score is  
 that of the 1st test score is the same  
 please see your notes - more to please see  
 Use your signature*

Signature: