



Dear Client,

Welcome to PlusFour Solutions, an organization dedicated to providing guidance through the use of psychological testing and individually tailored assessments in addition to consulting and expert testimony for clients engaged with the court system.

As part of a PlusFour Solutions assessment process, you have been asked to read and complete the attached packet of documents. These documents have been carefully prepared and assembled to guide you in understanding the assessment or consulting process. The task before you may require a lot of time on your part. The more thorough you are in providing detailed current and historical information about yourself or a child, the better equipped Dr. Newton will be in placing test data in context and being of assistance.

It is not necessary that this completed packet be turned in before the initial appointment. While your responses may be hand written, completing the documentation using a word processor is preferable. You may return to the website to download forms without going through the registration process again.

The transmission of personal information should remain private and confidential and Dr. Newton utilizes encryption services to send and receive documents. You are requested to send documents or responses to questionnaires using the encryption process located on the PlusFour Solutions website. In addition, you will receive confidential documents from Dr. Newton through a web-based process using state-of-the-art encryption services. While sending and receiving takes a few additional steps, your private data is always very secure and protected.

I look forward to our collaboration and appreciate your investment of time and resources.

Sincerely,

A handwritten signature in black ink that reads "S. Newton, Ph.D." in a cursive style.

Steve Newton, Ph.D.
Licensed Clinical and Forensic Psychologist
Director, PlusFour Solutions



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Adult Questionnaire

On the next several pages, you are requested to provide an extensive amount of current and historical information about yourself. The more data you provide, the more focused and useful the assessment process will be.

I believe it will take a considerable amount of time and effort to complete this task, and I appreciate your willingness to complete this form quickly. The information requested in this Questionnaire is broad and may include items that might not appear to apply to your child. However, as an expert in pediatric assessment, I must collect all types of information for all clients. Please do not omit any sections, rather, include all information known to the best of your ability. Thank you for being thorough.

Following are a series of questions that ask you to provide responses in pen on ruled paper or by use of a word processor. Items and questions are numbered consecutively; please number your responses likewise, corresponding to the item or question. In addition, begin each response with the same Key Word as is printed in bold print at the beginning of each question. While I recognize that I am requesting a lot of thought and writing, I hope to ultimately save time and more efficiently provide you with the highest quality service.

Client	_____
Date	_____
Person financially responsible for account	_____

Please send personal information and responses to questionnaires to Dr. Newton using secure technology and not as a routine email attachment. A link to an easy-to-use encryption service is available on the PlusFour Solutions website, for just this purpose. You do not have to register; you simply attach the document(s) to an email message and hit "send."

Use separate pages for responses, do not write here

Reason for Evaluation

1. Briefly describe the problems or concerns that prompted the decision for this evaluation.
2. For how long has there been a history of these concerns?

Family History and Dynamics

3. **Living Arrangements:** Please describe your current living arrangements.

4. **Family of Origin**

- a) List the members of your family of origin, including siblings. Give the name, current age, area of residence and career or area of employment for each. Note year of death if applicable.
- b) List your ethnic background, place of birth, and cities/states/countries of residence while growing up.
- c) Discuss your relationship with your parents and siblings and include time spent together, nature of the bond with each parent, etc.
- d) How well do you get along with your parents and siblings? Are you alienated from any family members? Who acted as your primary care giver? What is the nature of the bond between you and each parent? What were your mother and father's good and bad qualities as parents?
- e) Have there been nannies or au pairs involved in your life?

5. **Personal History**

- a) Provide a chronological listing, with month and year when possible, of major family events during your childhood and adult years. This list should include moves, births, deaths, major illnesses, major financial shifts, persons coming to live in the home and any other event that has been traumatic or significant.
- b) Discuss past marriages and long-term relationships. Do you maintain relationships with ex-spouses or ex-significant others? If so, please describe. Please be specific with dates of past marriages and divorces (if applicable).
- c) What do you consider to be the five most important events of your life?

****NOTE: Skip section 6 if you are also completing a Forensic Questionnaire****

6. **Marriage and Family**

- a) Discuss your relationship with your spouse and the health of your marriage.
- b) Discuss your relationships with your children, if applicable. Who is the primary parent in the household?
- c) To what extent do you participate in family activities with your spouse and children (i.e., meals, activities, holidays, birthdays)?

Social History

7. **Relationships**

- a) How well do you relate to other people? Are you satisfied with your social life?
- b) Are you able to establish and maintain relationships with other individuals without difficulty?
- c) How well do you meet new people?
- d) How well do you handle novel social situations?
- e) Would you describe yourself as more introverted or extraverted? Explain.

8. **Hobbies and Interests**

- a) How do you prefer to spend leisure time? Describe any hobbies and other interests.
- b) Describe any sports involvement.
- c) Comment on time spent with television, books, video games and the Internet.
- d) To what extent are matters of faith and church a part of your life? Discuss the role religion plays in your life. Do you believe in a higher power? Are you a spiritual person? How do these same questions apply to your childhood and adolescence?

Educational History

9. List where you went to grade school, junior high and high school and any education beyond high school.
10. Describe your academic history and discuss any learning disabilities.
11. Did you like school and were you a good student?
12. Have you ever been evaluated for any learning problems or for any advanced learning programs?
13. Do you have a family history of learning disabilities (parents, siblings, cousins, etc.)?

Employment History

14. Describe your current job or position. Do you like what you do?
15. Do you travel extensively for your current position?
16. List the jobs you have held with approximate lengths of employment. If the job title is ambiguous, please describe the job.
17. Have you had special training? Do you plan to move on to another position or type of job?
18. If you have been unemployed, on disability, or have chosen not to work for a period of time, please describe that here.

Medical History

19. General Health History

- a) Describe your health. Address hearing, vision, motor coordination, speech, stamina and strength. Are there dental or orthodontic problems? When was your last physical examination?
- b) Discuss your physical health history; include major illnesses, hospitalizations, surgeries, handicaps, and your family history, *i.e. mother had cancer and died early at age 63.*
- c) Describe any chronic health problems such as asthma, diabetes or a heart condition.
- d) Describe all medical hospitalizations, major illnesses and history of seizures or convulsions. Please list any head trauma and indicate associated concussion and/or loss of consciousness and address any poisonings or episodes of coma.
- e) Discuss your social or recreational use of alcohol, cigarettes, marijuana or any other substances.
- f) List your current medications and for what condition each is prescribed. Do any of your medications cause dizziness, headache, disorientation or problems with concentration?

20. Sleep

- a) How well do you settle down to sleep? Are you a restless sleeper? Do you sleep through the night? Do you take anything to help you sleep?
- b) Have there been any recent changes in your sleep patterns?
- c) Do you experience nightmares, night terrors, sleep walking, or sleep talking?
- d) Are there any routines or rituals associated with bedtime and/or sleep?
- e) Have you ever experienced an inverted sleep routine (up late at night, sleep all day)?

Mental Health Background

- 21. Mental Health History** Describe your mental health history and include any diagnoses or symptoms of depression, anxiety, eating disorder, obsessive-compulsive disorder, etc.
- 22. Inpatient Treatment** Please provide dates, duration, treating physicians and location of any inpatient psychiatric hospitalizations.
- 23. Outpatient Treatment** List in chronological order, with dates and duration, all counseling and therapy in which you have been involved. Please provide names of therapists and contact information.
- 24. Medicine** List all medications you are taking for psychiatric reasons. Please include a history of past psychiatric medications including your response to the medication and the reason for stopping; include ages and dates.
- 25. Evaluations** If you have been evaluated previously and there are prior psychological or psychiatric assessments that included testing or reports, please list the dates and type of testing and provide copies of the test reports.
- 26. Self-Harm**
- a) Have you ever attempted suicide? Threatened suicide?
 - b) Have you ever cut or burned yourself deliberately *without* the intent of dying?
 - c) Have you ever known anyone who attempted or committed suicide? Is there a family history of self-harm or suicide?
- 27. Abuse** Describe any episodes of physical, emotional or sexual abuse or trauma that you have experienced.
- 28. Substance Abuse**
If you have current substance abuse issues, or if you have a history of substance abuse (alcohol, marijuana, cocaine, etc.), please describe the extent of your use and treatment received, if any. When possible, give appropriate dates of initial use. To what extent is your substance use out in the open versus hidden and secretive?
- 29. Family Mental Health History** Include your family history of mental illness or substance abuse (*i.e. father has a history of anxiety; brother is alcoholic and attends AA*).

Legal History

- 30.** Discuss your legal history as a juvenile and an adult, if applicable. Include citations, court appearances, jail time, probation and court-required treatment. If applicable, provide dates of incarceration (length of stay) and reason.
- 31.** Is there a history of legal problems for anyone else in your family? Is there a family history of violence?
- 32.** Does anyone in the family own a gun? Do you have access to a gun or other weapons?
- 33.** Have you ever been involved in activities that were illegal but did not get caught? Please explain.



Informed Consent Agreement

Psychological Testing

I understand that in order to administer psychological testing, there must be a clear understanding and agreement about confidentiality, Dr. Newton's role, procedures and fees. I understand that Dr. Newton will administer all tests and procedures, analyze all test data, and prepare a report of his findings and recommendations. I agree that all test materials, results, and reports are the property of *PlusFour Solutions*.

Confidentiality

I acknowledge that Psychological Assessment is a complex task that requires information to be collected from a variety of sources. I understand that data from psychological tests must be analyzed in context, which requires the assembling of both current and historical information. I recognize that the context of a person may include information about development, health, education, family, personal interests and relationships.

I understand that information collected as part of the assessment process is confidential; information is shared only with those who are authorized to have access. I understand that the assessment process almost always includes the production of a written report which documents test data and places it in historical and developmental context. I acknowledge that reports written for this purpose are marked as confidential and will only be released to me and individuals I authorize. Ideally, I will provide written consent before a report is released. I am aware that there may be times, however, when a report will be sent with my verbal approval obtained over the phone or by electronic mail.

I understand that all of the information collected in the assessment process is kept secure. I recognize that Dr. Newton employs reasonable and prudent procedures to protect the security of test data and reports. I am aware that reports that are sent electronically are encrypted and must be retrieved from a secure email location. I understand that test reports and test data are released only with my authorization or in response to a subpoena.

I acknowledge that there are exceptions to confidentiality that are recognized by law. I understand that if Dr. Newton believes that I am threatening serious harm to another person, he is required to try to protect the other person or persons. I recognize that in such a case, Dr. Newton may have to tell the intended victim and the police and/or arrange for involuntary care. Similarly, if I threaten or act in a way that is very likely to harm myself, I understand that Dr. Newton may have to seek hospitalization for me, or contact my family members or others who can help to protect me. I recognize that if such a situation arises, Dr. Newton will discuss the situation with me before he contacts anyone else, unless matters of safety overrule such a discussion.

I understand that if Dr. Newton believes or suspects that a child, an elderly person, a disabled person or anyone else is being abused due to my behavior, that he is bound by law to file a report with the appropriate agency. I understand that he does not have any authority to investigate the situation after it is reported, and that his report may trigger an investigation by the agency.

I understand that there are additional ways confidentiality may be limited, and that it may be necessary to talk about my treatment with other professionals. I acknowledge that my name will not be revealed, and I understand that the other professional is also legally bound to maintain the confidentiality of my information.

I am aware that psychological evaluations are confidential, yet can become quasi-public documents. I acknowledge that other professionals or doctors, and/or a school may obtain a copy of the report, and that many individuals may know the results of psychological testing. I understand that Dr. Newton will always attempt to be discreet and maintain confidentiality within the limits of the nature of this testing arrangement, though once a report is released, I accept that Dr. Newton will have no control over its use or dissemination from that point forward.

I understand that because I am an adult, I may evoke complete confidentiality over any element of an evaluation, including information regarding pregnancy, abortion, past illegal activities and sexual orientation. I accept that Dr. Newton will use clinical judgment to decide the importance of specific information and its inclusion in the report.

By reading the above information, I am aware that the laws and rules on confidentiality are complex and often do not apply to every situation. I understand that if I have questions about confidentiality, I should discuss them with Dr. Newton or an attorney. I understand that while complications not addressed here occur infrequently, Dr. Newton is not able to give me legal advice. If I have special or unusual concerns and need more specific advice, I agree to talk with an attorney to protect my interests legally.

Release of Information and Records

I understand that Dr. Newton will maintain all notes, documents and test data in a safe and proper manner in accordance with applicable laws for the state of California and the APA code of ethics. I understand that copies of the final report are released only to those individuals whom I designate. I accept that the final report may be delivered to authorized individuals in a variety of ways including: printed copy sent by mail, facsimile or digital copy; when a digital copy is sent, it will typically be sent encrypted as a *Certified Mail* (e-mail) product.

I understand that in most cases, a report will be the final product of this assessment process. I understand that clerical staff may help organize test data and assist Dr. Newton with clerical tasks. I understand that this individual has signed a confidentiality agreement and provides clerical/administrative support only.

I agree to sign any and all releases necessary to obtain reports or information from others who may supply relevant data (including but not limited to: psychiatrists, psychologists, therapists, teachers, school officials, physicians, etc.).

Fees and Payment

I acknowledge that psychological testing involves face-to-face assessment procedures, typically administered in a private office, and often involving several hours over several sessions. I understand that psychological testing also involves scoring and interpreting test results and the preparation of a written report, and that these tasks often take as many hours to complete as the time spent face-to-face with the client. I am aware that costs for a full battery of testing can range from approximately \$2,500.00 to \$4,000.00, and that typically, a test battery will include about twelve hours of time and cost around \$3,000.00.

I recognize that a number of tasks can add to the cost of an assessment: home visits, review of documents such as prior reports, collateral contacts with individuals (parents, teachers, therapists or doctors, etc.), and the administration of special test procedures to better identify a specific problem or need. I understand that costs may also be increased for urgent or emergency responses, or cases when the time required to produce a report is critical.

I understand that Dr. Newton's fee for conducting psychological testing is \$240.00 per hour, and applies to time spent interviewing, administering tests, reviewing documents, telephone conversations, conferences, correspondence and report writing. A deposit of \$2,000.00 is due at the first session. The person(s) financially responsible for the account will be billed for the balance due upon completion of the testing.

I understand that the final report will not be released until the balance due is paid in full. I agree that in consideration for services provided, I am obligated to pay for all services billed by PlusFour Solutions. Shall the account be referred to an attorney for collection, I agree to pay reasonable attorney's fees and collection expense. I understand that all delinquent accounts are subject to delinquency fees.

I understand that if my account with PlusFour Solutions is unpaid and overdue without an arranged payment plan, legal means may be used to obtain payment from me. The only information given to the court, a collection agency, or a lawyer would include my name, address, the dates of professional services, and the amount due.

I understand that PlusFour Solutions accepts payments by credit card, through PayPal and that the PlusFour Solutions PayPal link can be accessed through the website. I acknowledge that psychological assessment is a specialty and may only be performed by individuals with the proper training, experience and license, and that typically, this person is a licensed psychologist or someone supervised by a licensed psychologist. I understand that due to the special training, materials, and skills required, psychological assessment is expensive, and often not covered by insurance.

I understand that the person(s) designated as financially responsible for the account will be provided with an itemized receipt following the release of the final report. I am aware that this receipt will include confirmation of my initial deposit and final payment, and that it will be itemized and will correlate charges with appropriate insurance (CPT) codes.

Complaint procedures

I recognize that Dr. Newton is a licensed clinical psychologist who is voluntarily following APA ethical guidelines. I acknowledge that if I am dissatisfied with any aspect of the assessment process, I will discuss any issues with Dr. Newton immediately. I understand that if I believe that I have been treated unfairly or even unethically and cannot resolve a problem, I can contact the state Board of Psychologist Examiners at (916) 920-6383, from whom Dr. Newton receives his license to practice as a Psychologist.

I have read the material above, discussed it with my attorney (if necessary), understand it, and agree to participate as outlined.

Client's Signature

Client's Printed Name

Date

Please make a copy of this signed form for your records.



Consent to Release Psychological Report

Client Name: _____ Today's Date: _____

Parent or Guardian: _____ Signature: _____

Please indicate below the individuals or organizations you wish to automatically receive a copy of the completed assessment report. Your signature authorizes the release of a report, and is valid for 90 days.

Individual / Organization: _____

Address : _____

Fax Number: _____ Email Address: _____

Preferred method of delivery: Email Facsimile Mail

Individual / Organization: _____

Address : _____

Fax Number: _____ Email Address: _____

Preferred method of delivery: Email Facsimile Mail

Individual / Organization: _____

Address : _____

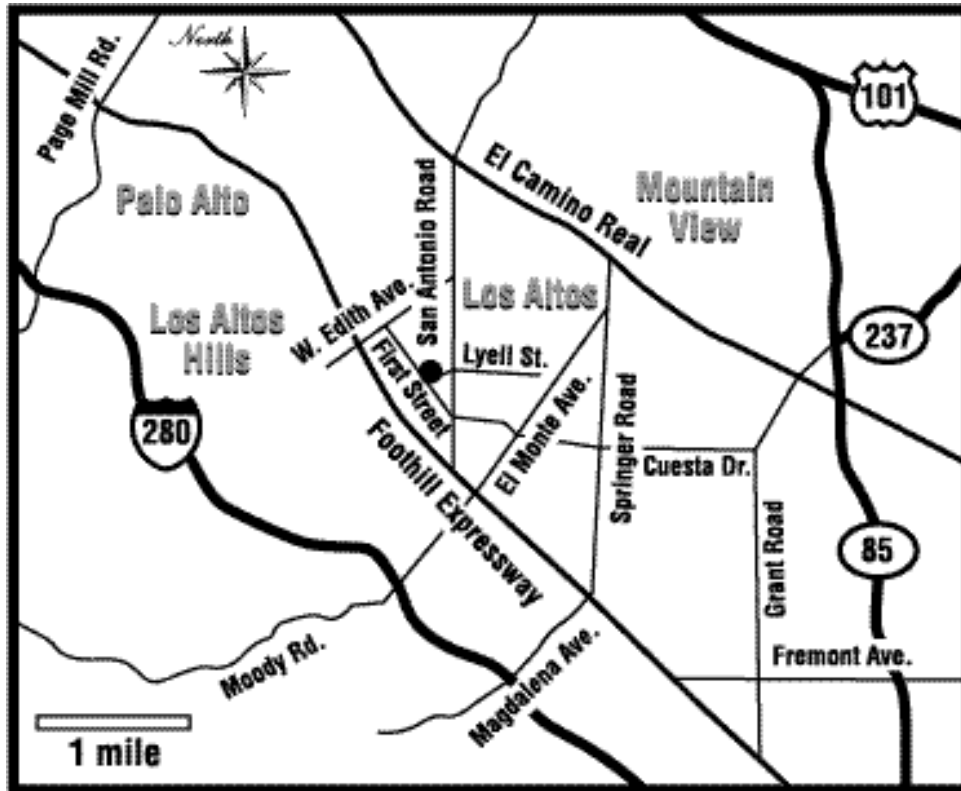
Fax Number: _____ Email Address: _____

Preferred method of delivery: Email Facsimile Mail

DENY

Do not release any assessment data to: _____

Intended to designate an individual who may request a copy of a report but legally has no rights, or is deemed by the client or family as inappropriate to receive such information.



425 First Street, Suite E , Los Altos, CA 94022
Main Number: (650) 949-2440

Directions

From 280: Take the El Monte Exit East. Follow El Monte to Foothill Expressway and turn left at the stoplight. At the next stoplight, make a right turn onto San Antonio and stay to the left. Make a left turn at the stoplight onto First Street. One block down is Lyell Avenue.

PlusFour Solutions is at the corner of Lyell and First Street. Parking is available behind the building, off Lyell.

From 101: Take the San Antonio Exit West. Follow San Antonio it's full length, across El Camino Real until you almost reach Foothill Expressway. Turn right onto Lyell Avenue.

PlusFour Solutions is at the corner of Lyell and First Street. Parking is available behind the building, off Lyell.