



*Arrowhead Psychological & Behavioral Sciences, LLC*

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### Consent for a Neuropsychological Evaluation

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Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Dr. Brenda K. Roche and I have discussed my situation. I have been informed of the risks and benefits of undergoing a neuropsychological evaluation. I have had the chance to discuss all of these issues, have had my questions answered, and believe I understand the evaluation that is planned. Therefore, I agree to play an active role in this evaluation, and I give Dr. Roche permission to begin this evaluation, as shown by my signature below.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

I, the Neuropsychologist, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the neuropsychological evaluation.

\_\_\_\_\_  
Signature of Neuropsychologist

\_\_\_\_\_  
Date

\_\_\_ Copy accepted by client

\_\_\_ Copy kept by Neuropsychologist

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*