

Neuropsychological Consultants, Inc.

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Consent for Neuropsychological Evaluation for Guardianship

By signing below I indicate that I agree to undergo a neuropsychological evaluation by members of the staff of **Neuropsychological Consultants, Inc.** This evaluation will involve an interview with me and perhaps others who are familiar with my medical history. Following the interview, my cognitive abilities (e.g., attention, language, memory, motor abilities) and my emotional status will be assessed. The purpose of this evaluation is to show the type and severity of the cognitive and emotional difficulties I may or may not be experiencing as that pertains to my need for guardianship.

Dr. Deer or Dr. Restrepo have been asked to give a professional opinion about your need for a guardian and for protective placement or protective services.

Before we begin, I must tell you:

- Things you say to me may be used to decide if you need a guardian.
- You have the right to refuse to participate in this evaluation, unless a court ordered you to participate.
- You have the right to refuse to speak with me.
- I am required to report to the Court even if you do not speak to me.
- What we discuss is not confidential and may be shared in Court.

Limits on Confidentiality: I understand that if I say anything about child abuse or elder abuse, the staff of **Neuropsychological Consultants, Inc.** is required by law to report that information to legal authorities. If I talk about plans to hurt myself or commit suicide, or of a plan to harm or kill someone else, that information must also be reported.

_____	_____	_____
Patient's Name (Print)	Signature	Date
_____	_____	_____
Guardian/responsible person	Signature	Date
_____	_____	_____
Witness	Signature	Date