

# Questions to ask when choosing a: NEUROPSYCHIATRIST

## For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Associations of Florida, Montana, and New Jersey.

When choosing a Neuropsychiatrist (also called Behavioral Neurologist) to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a "yes." The Neuropsychiatrist who receives the most checkmarks is likely to be the best choice for your loved one. Additional considerations and space for notes are listed below.

	Dr. Name/Notes	Dr. Name/Notes	Dr. Name/Notes
<b>CRITERIA FOR NEUROPSYCHIATRIST</b>			
Are you a medical doctor with a specialty in Psychiatry and/or Neurology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you complete a one year fellowship in Neuropsychiatry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you accept my insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extensive experience treating individuals with brain injury who are experiencing emotional and behavioral challenges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you incorporate into your assessment the patient's medical, psychological and social history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you prescribe medications specifically for emotional and behavioral challenges following brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide me with a written summary of the evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the evaluation specify how long it will take to meet program goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide progress reports on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide cognitive rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can my family attend any of the counseling sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide references from previous patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTALS:</b>			
<b>ADDITIONAL CONSIDERATIONS</b>			
How long does the initial evaluation take?			
What kinds of therapy will be included in the course of treatment?			
What percentage of your practice is children, adolescents and adults?			
<b>Notes:</b>			