

Questions to ask when choosing a: NEUROPSYCHIATRIST

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Association of Florida and the Brain Injury Alliances of 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
CRITERIA FOR NEUROPSYCHIATRIST			
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"/>
TOTALS:			
ADDITIONAL CONSIDERATIONS			
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?			
Notes:			

