

COGNISTAT PAPER

Name: _____ Gender: _____ Date of Birth: _____ Age: _____ Handedness: _____
 Years of Education: _____ Date last worked: _____ Current / Most Recent Occupation: _____
 Date of Injury (if any): _____ Reason for Referral: _____
 Past Medical History: 1. _____ 2. _____ 3. _____ 4. _____
 Past Psychiatric History: 1. _____ 2. _____ 3. _____ 4. _____
 Testing: City: _____ Date: _____ Time: _____ Hospital/Clinic/Office/Home/Other: _____

Factors Potentially Influencing Test Performance (Circle Y or N for each)

	Y	N	Comments		Y	N	Comments	Name, Dosage and Frequency of CNS-Active Medications
Neurological Condition			_____	Second Language			_____	<input type="checkbox"/> Check if None
Visual Impairment			_____	ADHD			_____	1. _____
Auditory Impairment			_____	Learning Disorder			_____	2. _____
Dizziness / Imbalance			_____	Substance Abuse			_____	3. _____
Pain			_____	Sleep Deprivation			_____	4. _____
Anxiety / Depression			_____	Exhaustion			_____	5. _____
Mania / Psychosis			_____	Litigation			_____	6. _____

THE VALIDITY OF THIS EXAMINATION DEPENDS ON ADMINISTRATION IN ACCORDANCE WITH THE COGNISTAT MANUAL.

Cognitive Status Profile

	ORI	ATT	REG	LANGUAGE			CONST	MEM	CALC	REASON/EXEC	
				COMP	REP	NAM				SIM	JUD
Average Range	12	(S) 8	2	(S)	(S)	(S)	6	12	(S) 4	8	6
				6	12	8	(S)	5		(S) 6	(S) 5
	10	6	3	5	11	7	4	10	3	5	4
Mild Impairment	8	5	4	4	9	5	3	8	2	4	3
Moderate Impairment	6	3	5	3	7	3	2	6	1	3	2
Severe Impairment	4	1	6	2	5	2	0	4	0	2	1
Score	<4	0	<6	1	<5	1		<4		<2	0

Note: Not all brain lesions produce cognitive deficits that will be detected by Cognistat. Average Range scores, therefore, cannot be taken as evidence that brain pathology does not exist. Similarly, scores falling in the Mild, Moderate, or Severe range of impairment do not necessarily reflect brain dysfunction (see the "Cautions in Interpretation" section in the Cognistat Manual).

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