



## TODD M. SIGLER, PSYD, LP, NCC

### **USE THIS FORM TO REQUEST A PSYCHOLOGICAL EVALUATION FOR MEDICAL CERTIFICATION FOR DISABILITY EXCEPTION; USCIS FORM N-648**

ARE YOU REQUESTING A PSYCHOLOGICAL EVALUATION TO DETERMINE IF SOMEONE IS ELIGIBLE FOR COMPLETION OF USCIS FORM N-648 (MEDICAL CERTIFICATION FOR DISABILITY EXCEPTION)?

☐ **YES. THIS IS THE CORRECT FORM. Continue to next section.**

☐ **NO. THIS IS NOT THE CORRECT FORM. Return to the webpage by clicking \_\_\_\_.**

### **PROSPECTIVE PATIENT INFORMATION**

LEGAL FIRST NAME \_\_\_\_\_

LEGAL MIDDLE NAME \_\_\_\_\_

LEGAL LAST NAME \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ ACCEPT TEXTS ☐ **YES** ☐ **NO**

OTHER PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

GENDER \_\_\_\_\_

RACE \_\_\_\_\_

ETHNICITY \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_

SECONDARY LANGUAGE \_\_\_\_\_

RELATIONSHIP STATUS \_\_\_\_\_

EMPLOYMENT STATUS \_\_\_\_\_

RELIGIOUS AFFILIATION \_\_\_\_\_

BIRTH COUNTRY \_\_\_\_\_

PERMANENT RESIDENT # (Green card #) \_\_\_\_\_

### **WHO SHOULD I CONTACT WITH QUESTIONS OR/SCHEDULE?**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

RELATIONSHIP TO PROSPECTIVE PATIENT \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**PROSPECTIVE PATIENT HEALTH INFORMATION**DOES THE PATIENT HAVE ANY DIAGNOSED MEDICAL/MENTAL HEALTH CONDITIONS? ☐ **NO** ☐ **YES**

Diagnoses \_\_\_\_\_

IS THE PROSPECTIVE PATIENT CURRENTLY PRESCRIBED ANY MEDICATIONS? ☐ **NO** ☐ **YES**

Prescription(s) \_\_\_\_\_

**WHO REFERRED YOU TO ME?**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

AGENCY/ORGANIZATION \_\_\_\_\_

RELATIONSHIP TO PROSPECTIVE PATIENT \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**WHO NEEDS TO ATTEND?**

If an appointment is set, someone familiar with the patient must attend to provide details on daily activities, communication, memory, socialization, and changes. This person—often a family member—usually also acts as interpreter.

*WHO WILL BE PRESENT AT THE APPOINTMENT TO TAKE PART IN THE INTERVIEW AND ANSWER QUESTIONS?*

☐ **NOT SURE NOW, I will let dr. Sigler know before the appointment.**

☐ **THAT PERSON(S) IS/ARE** \_\_\_\_\_

WILL THIS PERSON INTERPRET? ☐ **YES** ☐ **NO\*\*, IF NO, WHO WILL INTERPRET?**

INTERPRETERS NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**\*\* IF YOU DO NOT HAVE ANYONE WHO CAN INTERPRET, I CAN HELP YOU ARRANGE A PROFESSIONAL INTERPRETER. THIS IS AN ADDITIONAL COST SET BY THE INTERPRETING AGENCY. \*\***

**DR. SIGLER'S WAIVER EVAL SCREENING QUESTIONS**

The Medical Certification for Disability Exception instructions states the following:

**"This form (n-648) is used for applicants to seek an exception to the English and civics requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more."**

***PLEASE ANSWER ALL 8 QUESTIONS. DO NOT LEAVE ANY QUESTION BLANK.***

**QUESTION #1**

HAS THE INDIVIDUAL EVER ATTENDED A NATURALIZATION INTERVIEW IN ANY US STATE OR TERRITORY? ☐ **NO** ☐ **YES**

DO YOU HAVE A COPY OF THE DOCUMENT(S) TO PROVIDE ME? ☐ **NO** ☐ **YES** ☐ **UNSURE**

If **YES**, mail/email/text the documents from USCIS which describe the reason for "not passing" to me ASAP.

**QUESTION #2**

DID THE PERSON ATTEND SCHOOL DURING CHILDHOOD OR ADOLESCENCE? \_\_\_ **NO** \_\_\_ **YES**

If **YES**, how many years did the prospective patient complete? \_\_\_\_\_

**QUESTION #3**

DOES THE INDIVIDUAL HAVE A HISTORY OF **CONCUSSION(S)**? \_\_\_ **NO** \_\_\_ **YES**

If **YES**, please indicate the age it occurred and a brief description of the effects of the **CONCUSSION(S)**.

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**QUESTION #4**

DOES THE INDIVIDUAL HAVE A HISTORY OF **STROKE(S)**? \_\_\_ **NO** \_\_\_ **YES**

If **YES**, please indicate the age it occurred and a brief description of the effects of the **STROKE(S)**.

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**QUESTION #5**

DOES THE INDIVIDUAL HAVE A HISTORY OF **TRAUMATIC BRAIN INJURY (TBI)**? \_\_\_ **NO** \_\_\_ **YES**

If **YES**, please indicate the age it occurred and a brief description of the effects of the **TBI**.

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**QUESTION #6**

CAN THE INDIVIDUAL **READ** AT AN ADULT LEVEL? This means the person can read a newspaper article in their own language and understand it well enough to answer factual questions afterward. \_\_\_ **NO** \_\_\_ **YES** \_\_\_ **Comprehend**

**some but not all and not well enough to recall details and facts when asked.**

ARE THE INDIVIDUAL'S **CURRENT** READING SKILLS A DECLINE FROM THEIR PREVIOUS READING LEVEL? \_\_\_ **NO** \_\_\_ **YES**

**QUESTION #7**

CAN THE INDIVIDUAL **WRITE** AT AN ADULT LEVEL. This means the individual can write in their own language, use the alphabet, spell or write characters, punctuate, recall letters or characters, and complete forms. \_\_\_ **NO** \_\_\_ **YES** \_\_\_ **They are able to write some things but would need help or assistance with others.**

ARE THE INDIVIDUAL'S CURRENT WRITING SKILLS A DECLINE FROM THEIR PREVIOUS READING LEVEL? \_\_\_ **NO** \_\_\_ **YES**

**QUESTION #8**

HAS THE INDIVIDUAL BEEN HAVING MEMORY AND FORGETTING PROBLEMS? Memory and forgetting issues can include repeating questions, misplacing items, missing appointments, not recalling conversations or instructions, leaving pots burning, and experiencing changes in cooking, cleaning, or personal hygiene abilities.      **NO**      **YES**

IF **YES**, IS THIS A CHANGE OR WORSENING OF THEIR MEMORY? \_\_\_\_ **NO** \_\_\_\_ **YES**

Please briefly describe any current memory concerns.

**PLEASE ADD ANY ADDITIONAL INFORMATION ABOUT WHY THE PATIENT IS UNABLE TO MEET THE ENGLISH AND CIVICS REQUIREMENTS FOR NATURALIZATION.**