

# **PSYCHOLOGICAL ASSESSMENT SERVICES**

## **CLINICAL & FORENSIC PSYCHOLOGY**

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### **CONFIDENTIAL MATERIAL**

The highly complex nature of the information contained in this report can result in serious misunderstandings if revealed to the patient. This could not only harm the patient but also the doctor-patient relationship. Consequently, it is strongly suggested that this report is not released to the patient without consulting the undersigned.

February 23, 2021

Workers' Compensation Lawyer, Esq.  
11762 DePalma Rd.Ste.1C PMB301  
Corona, Ca 92883

**RE: Sandra Roquemore vs. American Guard Services (DBA)**

### **PSYCHOLOGICAL TESTING REPORT**

Dear Gentlepersons:

Your client, Ms. Roquemore, agreed to Telemedicine Services. She was mailed a battery of psychological testings. The tests were applied via Telemedicine from my office in Santa Ana, California on February 22, 2021. The psychological tests were scored and interpreted by this examiner.

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The time spent for the psychological testing evaluation services by physician or other qualified health care professional, including administration, scoring, integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report and interactive feedback to the patient was 4.25 hours. This complex psychological testing was administered for diagnostic purposes as well as to thoroughly explore issues of personality, cognition, malingering, and/or exaggeration.

Complex psychological testing was recommended and performed as it goes beyond the routine screening battery. As stated in the Psychiatric Protocol adopted by the Industrial Medical Council on July 16, 1992, and amended on March 18, and October 25, 1993, "Complex psychological testing gives an in-depth view of the patient. Routine testing relying upon self-administered inventories may be insufficient in cases where elaborations; reading, language and intellectual barriers; or confusional states exist," (pp. 9-10).

The basis of this report comes from the following sources of data: Clinical Interview, Review of Records, Medical and Psychiatric Symptom Checklist, Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI), Adult Neuropsychological Questionnaire, Epworth Sleeping Scale, and Insomnia Severity Index, along with my clinical interpretation.

On the Medical and Psychiatric Symptom Checklist, the patient reported a variety of symptoms indicating depression, anxiety, sleep difficulties, memory problems, gastrointestinal disturbances, and physical complaints.

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The Beck Anxiety and Beck Depression Inventories are each a 21-item, self-report questionnaire in which respondents rate their subjective experience of anxiety and depression. A total score is obtained from the responses by summing the items. Ultimately, the Beck Anxiety and Beck Depression Inventories scores can range from 0 to 63.

On the BAI, the patient obtained a score of 32, indicative of severe levels of anxiety.

On the BDI, the patient obtained a score of 37, indicative of severe levels of depression.

On the Neuropsychological Questionnaire, Ms. Roquemore reported no neuropsychological disturbances. However, it is cautioned that this questionnaire is only a screening device.

The Epworth Sleepiness Scale is an 8-item self-report questionnaire that measures an individual's general level of daytime sleepiness. On this test, the patient obtained a score of 7, which is indicative of normal daytime sleepiness.

The Insomnia Severity Index is a 7-item self-report questionnaire that assesses the nature, severity, and impact of a patient's sleep difficulties including sleep onset, sleep maintenance, and interference on daytime functioning. The patient obtained a score of 26, which is indicative of severe clinical insomnia.

**SUMMARY AND DISCUSSION:**

Ms. Roquemore was administered a comprehensive battery of psychological tests to help in the diagnosis of possible emotional and psychological disturbances. She completed the battery of psychological tests in a cooperative manner.

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During the pretest and the testing sessions with me, her mood was anxious and sad. She showed no impairment in her production of speech or thought process. She denied any perceptual disorder.

The results of the psychological tests suggest that Ms. Roquemore is reporting severe clinical levels of anxiety and severe levels of depression.

The patient was alert and there is no indication that the patient may be experiencing neuropsychological disturbances.

On the Epworth Sleepiness Scale, there is an indication that the patient is experiencing normal daytime sleepiness.

On the Insomnia Severity Index, there is an indication that the patient is experiencing severe clinical insomnia.

The time spent in application scoring and interpretation is as follows:

	Administration & Scoring	Test Evaluation Services
Checklist Questionnaire	15	30
Beck Anxiety	15	30
Beck Depression	15	30
Neuropsych	20	30
ESS	15	20
ISI	15	20
<b>Subtotal</b>	95min = (1.58 hours)	160min = (2.66 hours)
<b>Total</b>	255min = (4.25hours)	

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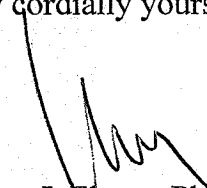
I believe that the test results support the patient's complaints, my clinical findings, and my diagnostic impressions of this patient.

**DISCLOSURE:**

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true (LC '4628j).

If you have any questions or I may be of further assistance to you regarding this case, please feel free to contact me.

Very cordially yours,



Nelson J. Flores, Ph.D., QME, DABPS  
Licensed Clinical Psychologist  
Qualified Medical Evaluator  
Board Certified in Forensic Clinical Psychology  
PSY 12317 / QME 909038 / DABPS 13796

cc: File  
NJF:KA