

Peter J. Gager, Ph.D., ABPP
 Neuropsychology Consulting Services
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Information Form for FAA Medical Issuance

PLEASE COMPLETE ALL ENTRIES

Applicant Name:	PI#	Date Of Birth:	Age:
Address (Street)			
Address (City, State, Zip)			
Cell Phone			
Work Phone		E-mail Address	
Pilot License Type:	Hours Logged:	Class of Medical Certificate Applied For:	
		<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
Airman Certificates/Ratings Held:		Aircraft Flown:	
Name of Aerospace Medical Examiner (AME)			
AME Phone		AME Fax	
AME Address (Street)			
AME Address (City, State, Zip)			
In Case of Emergency, Notify		Emergency Contact's Phone Number	
Whom May We Thank for Referring You?		Phone Number	
Primary Care Physician		Phone Number	

Informed Consent for Aerospace Medical Evaluation

You have been referred for a neuropsychological/psychological evaluation by Peter Gager, Ph.D., because you are applying for an Airman (and/or Student Pilot) Medical Special Issuance Certificate from the Federal Aviation Administration. This evaluation involves the completion of several neuropsychological and/or psychological measures and an interview to learn about your background and medical situation and circumstances related to it. It also may also entail a thorough record review and contacts with others who know you well. This evaluation will be conducted in accordance with the relevant FAA guidelines.

Please respond to all tests and interview questions as truthfully and completely as you can. My responsibility is to get as accurate an idea as possible about your experiences, your current situation, and your current mental health status.

This evaluation is NOT for the purpose of treatment or counseling and no doctor-patient relationship is formed or implied. The FAA alone makes the final determination regarding your eligibility for special issuance. You agree to pay all fees at the time of the evaluation. Reports will not be released without payment. Unpaid fees might be referred to a collection agency.

Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document. You have the right to stop the evaluation at any time. There may be consequences to your Medical Certification if you stop the evaluation. You also are also welcome to consult with an attorney, your Aerospace Medical Evaluator (AME), ALPA representative, Federal Aviation Authority or anyone else you feel can support you at any time.

There are limits to confidentiality. Once the report and supporting documents are released, I have no control over where it is sent or shared. If you have any questions now or at any time during the evaluation process, please feel free to ask.

PLEASE SIGN BELOW:

I understand the above explanation and I am willing to proceed with this evaluation. I understand the FAA and my AME will use this evaluation in determining my request for an Airman (Student Pilot) Medical Certificate.

I voluntarily consent to authorize the examiner, Peter Gager, Ph.D., to use and disclose my health information (including this evaluation, all test results, additional information and documents provided by me and any additional information requested) to the FAA Aerospace Medical Certification Division and my AME (Aerospace Medical Examiner).

Your Signature: _____

Date: _____

AME Name (Please print)

AME Address

City, State, Zip

AME Phone

Fax

Email

Required Records

Please have the following records submitted directly to this office PRIOR to scheduling your evaluation. Failure to do so may result in unnecessary delays, incomplete testing and possible denial of your application!

For **ALL** evaluations:

Information to submit to the neuropsychologist for review PRIOR to your appointment	
An FAA letter delineating exactly what the FAA requires of you	
A complete copy of your FAA medical records. You should request a copy of your FAA records be sent directly by the Aerospace Medical Certification Division (AMCD) in Oklahoma City, Oklahoma via submitting a Request for Airman Records (Form 8065-2) available on the FAA website. For further information regarding this process, please call (405) 954-4821. Select option 4.	
Copies of any prior FAA-related psychiatric, psychological or neuropsychological evaluation, including Cogscreen	

For **Medical** evaluations, in addition:

Information to submit to the neuropsychologist for review PRIOR to your appointment	
Relevant medical records documenting prior diagnosis or treatment.	

For **SSRI** evaluations, in addition:

Information to submit to the neuropsychologist for review PRIOR to your appointment	
Copies of all records and progress notes regarding prior psychiatric or substance-related hospitalizations, observations or treatment.	
Academic records, including transcripts, 504 plans IEPs, any academic accommodations, etc. and/or post-secondary records.	
Arrest and Court Records	
Documentation of any additional medical conditions and ALL medications used	
All previous psychological or neuropsychological evaluation reports	

For **ADHD** evaluations, in addition:

Information to submit to the neuropsychologist for review PRIOR to your appointment	
All medical records documenting prior diagnosis or treatment for ADHD/ADD. It must include dates of treatment or evaluation, Name, Dosage and Dates medications were started and stopped.	
Academic records, including transcripts, 504 plans IEPs, any academic accommodations, etc. for children from times both on and off the medication.	
Adults with ADHD and no recent school information, send in a copy of your drivers' record from each state in which a license has ever been held for the last 10 years.	
All previous psychological or neuropsychological evaluation reports	
Copies of all records regarding prior psychiatric or substance-related hospitalizations, observations or treatment.	

(continued)

For **HIMS (Alcohol/Substance Abuse)** evaluations, in addition:

Information to submit to the neuropsychologist for review PRIOR to your appointment	
All medical records documenting prior psychiatric or substance abuse-related diagnoses, evaluations, observations and treatment including dates of treatment and evaluation.	
Recommendation letters (Sponsor, Peer Pilot, Chief Pilot, flight instructor, employer/supervisor, others)	
Drivers' record from each state in which a license has ever been held for the last 10 years.	
All previous psychological or neuropsychological evaluation reports	
Military records	
Arrest and Court Documents	
Random Drug Testing Reports	
Personal Statement – chronology of substance abuse history, treatment and ongoing abstinence program.	

Send records to:

Brain Health Center
Attn: Peter Gager, Ph.D.
535 W Second St
Ste 205
Lexington KY 40508

859-382-1415 (ph)
859-201-1196 (fax)

neuropsych@protonmail.com