

**MARK W. WILSON, MD**  
**330 W58TH STREET, SUITE 313**  
**NEW YORK, NEW YORK 10019**

Dear potential client or caregivers of client,

I look forward to meeting you at the evaluation. The initial evaluation appointment is 120 minutes in duration either all at once with adults and some older adolescents or in two separate appointments 60 minutes each in duration. A third appointment of 45-60" is sometimes required. Scheduling or administrative questions can be directed to my assistant Eric Kincaid at (917) 441-2344 or [assistant@markwwilsonmdpc.com](mailto:assistant@markwwilsonmdpc.com). During the evaluation, I will present my initial impressions and recommendations, and we will together decide how to proceed, whether that includes working with me or a referral to one or more other clinicians who might better meet your needs or who might work in conjunction with me. With signed permission/release, I am happy to share my impressions and recommendations with any clinicians or referrals. When setting up an evaluation, please set up the following:

- A single two-hour evaluation session (\$950/120") for adult clients or older adolescent clients
  - this is appropriate for adult clients or for older adolescent clients (if one or more caregivers come)
  - if further discussion is required, we may need to schedule another 45-60" session, which will be charged according to the regular fee structure
- Two separate 60-minute evaluation sessions (\$950/120")
  - one or both caregivers at the initial one-hour evaluation session
  - youth client and one or more caregivers at the second one-hour evaluation session.
  - if a caregiver is not able to make the first two appointments, a third 45-60" session should be scheduled with this caretaker, which will be charged according to the regular fee structure
  - if further discussion is required, we may need to schedule another 45-60" session, which will be charged according to the regular fee structure
- I will complete a preliminary treatment plan by the end of the evaluation session(s); this plan will be reassessed and modified as more clinical assessment occurs and as more collateral history is obtained.

Issues will often develop between sessions that will require discussion. If at any time you or I feel that telephone or email communication is not adequate, we should schedule an in-office appointment or increase the frequency of in-office sessions. This goes for parents as well; regular or semi-regular parent sessions are often a critical component of the treatment plan for children and adolescents.

For clients, especially children and adolescents, who upon completion of the evaluation begin psychopharmacologic medication treatment, please monitor yourself (or your

child) for side effects. In particular, please call me on my emergency line if you notice any of the following problems:

- Worsening depression, more crying, more isolation, less talking with peers
- Onset or worsening of anxiety/worry/panic attacks or tension/anxiety
- Onset or worsening of difficulty falling or staying asleep
- Worsening temper/anger/frustration tolerance
- Physical tension or restlessness or the need to walk around or get out
- Increasing impulsiveness (e.g., blurting things out or doing embarrassing things that wouldn't ordinarily be done)
- Becomes super happy or seems as if they are feeling high or over-confident
- Expressions of feelings of death or suicide, or the desire or intent to hurt oneself, or actual self-harm.

If a medication is prescribed for a youth client, I recommend scheduling 30" (or longer) follow-up appointments as follows:

- within one week of starting a medication
  - also contact me by phone or email each day after starting a new medication
  - anytime for an emergency (or as detailed above)
- then two weeks after the prior appointment
- then every four weeks, on average and based on clinical need, for 2-3 months
- then every 2-12 weeks thereafter, depending on clinical need

If a medication is prescribed for an adult client, I recommend scheduling 30" (or longer) follow-up appointments as follows:

- within 1-4 weeks of starting a medication
  - also contact me by phone or email each day after starting a new medication
  - anytime for an emergency (or as detailed above)
- then 2-8 weeks after the prior appointment
- then every 2-16 weeks, on average and based on clinical need, thereafter

If a youth client begins psychotherapy with me, I recommend scheduling 45" caregiver sessions as follows:

- then every four weeks, on average and based on clinical need, for 2-3 months
- then every 4-12 weeks, on average and based on clinical need, thereafter

In preparation for the evaluation, please try to obtain copies of the following materials (if relevant):

- Written summaries of prior mental health treatment
- Discharge summaries from hospitals
- Medical evaluations or laboratory/diagnostic tests

- Neuropsychological/academic evaluations
- Auditory/visual evaluations
- Speech/language evaluations
- Occupational therapy/physical therapy evaluations
- Report cards

If possible, please send me the above material, along with completed forms that I send you by email, ahead of the evaluation. You can return these materials by fax, email, or snail mail. I will also give you a packet of forms and information at the time of the evaluation. As with all forms, please complete those forms or sections of forms that are relevant. Do not feel compelled to complete forms asking for information that we discussed in person. We will discuss everything in person, but the forms and background history can streamline and focus our work together.

I will also give you a form to obtain laboratory (blood) tests. If not already obtained in the last 6 months, please go to your doctor or the nearest Quest Diagnostics/LabCorp (which can be found via web) to obtain the labs. These lab tests will help tease out any medical causes of psychiatric problems. Make sure to use the lab company that your insurance covers.

During the course of the psychiatric evaluation, I may recommend other evaluations including but not limited to neuropsychological testing (with a psychologist), speech/language evaluation, occupational therapy evaluation, or pediatric/pediatric neurologic (or internist/neurologist) evaluation.

Some parents (or adult patients) may have concerns that they are embarrassed to raise with professionals. These may involve family problems that may be contributing to your child's behavioral or emotional problems (or, in the case of adult patients, may have contributed to your problems). Such problems as alcoholism or substance abuse in one of the parents, marital problems that create frequent conflicts between the parents and may spill over into mistreatment of the child, episodes of excessive disciplining or physical punishment that may indicate abuse of the child or suspected sexual abuse of the child are just some of the many areas parents may be hesitant to divulge to a professional who is a stranger to them. Please be as open and honest as possible so that I may obtain the most comprehensive understanding of you or your child and recommend the most appropriate treatment plan.

You are welcome to visit my web site ([www.markwilsonmdpc.net](http://www.markwilsonmdpc.net)) for information on my background, my practice, and various psychiatric issues and conditions. I make it my job to give my clients access to the latest information and clinical research pertaining to all things psychiatric; as such, I will frequently give out written information and will keep my web page updated (especially since typos and grammatical errors accumulate over time), so please visit it frequently! But please don't feel compelled to read the information I give out—the volume and details can be overwhelming and I am always here to discuss questions in person. You may also follow me on Twitter ([www.twitter.com/markwilsonmd](http://www.twitter.com/markwilsonmd)).

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well; regular or semi-regular parent sessions are often a critical component of the treatment plan for children and adolescents.

Please always communicate with me about any new or continued use of over-the-counter, herbal, homeopathic or prescribed medications, alcohol, and recreational drugs; medications and drugs can adversely affect one's psychiatric condition and can be medically in combination with psychiatric medications. Also, please note that some common foods can affect medication efficacy, risks and side effects. For example, grapefruit juice can increase the levels (and thus side effects and risks) of many psychiatric medications. Broccoli, brussel sprouts, and charcoal-broiled foods can decrease the levels (and thus the efficacy) of many psychiatric medications.

If at any point you feel that you would like to work with another mental health professional, please feel free and comfortable to discuss this with me directly. I will be happy and comfortable discussing any problems that have developed in our working relationship and, if necessary, will help direct you to other clinicians. You can visit my web site to explore low cost mental health services. You can also contact Columbia Behavioral Healthcare for mental health services at New York-Presbyterian Hospital, Columbia; the number is (212) 305-6001 for adults..

As always, in an emergency, please call me, call '911' and/or go to your nearest emergency room. The Columbia Emergency Room is located at W168th Street and Broadway. Cornell Payne Whitney is located at E68th and York Avenue. Lenox Hill is located at E77th Street and Lexington Avenue. Mt. Sinai-Roosevelt Hospital is located at 10<sup>th</sup> Ave between W58th and W59th Streets.

One final word, the evaluation session(s) can be very intense and loaded with many questions as well as a lot of information about psychiatric issues. If the session(s) feel too intense or too rushed (in my effort to accomplish a great deal efficiently in a short period of time), please feel free to set up one or more other appointments to flesh out any questions you may have..

Sincerely,

Mark W. Wilson, MD