

## Riverbend Therapeutic Alliance PLLC

### Comprehensive Neuropsychological Evaluation (Marketing Sample)

**IMPORTANT: This is a fictional sample report created for marketing and demonstration purposes only.** It does not represent an actual patient.

#### Client Information

Name: Jane Smith, MD

Age: 35

Occupation: Physician

Residence: Lives with husband and son.

Referral Question: Evaluation for Autism Spectrum Disorder.

#### Reason for Referral

Jane Smith sought evaluation to better understand lifelong differences in social communication, sensory processing, social fatigue, and occupational functioning. She reported increasing recognition that experiences previously conceptualized as anxiety or panic may be better understood through a neurodevelopmental framework.

#### Procedures Administered

Clinical Interview; Developmental History; ADOS-2 Module 4; MIGDAS-2 informed interview; Adult Autism Symptom Measures; Adult ADHD Symptom Screener; Test of Variables of Attention (TOVA); Behavioral Observation; Adaptive Functioning Review.

#### Background and Family History

Jane is a successful physician living with her husband and son. Her son has been diagnosed with Autism Spectrum Disorder and is currently attending engineering school. Learning about autism through her son's experiences prompted reflection on similar lifelong characteristics within herself.

She maintains one to two close friendships originating in college, both with colleagues in medicine. She values deep relationships over broad social networks.

#### Strengths

Exceptional verbal reasoning; advanced pattern recognition; strong empathy; dedication to patient care; intellectual curiosity; extensive knowledge regarding human behavior, aesthetics, and Tudor England history; resilience and perseverance.

#### Sensory Processing Profile

Jane reported lifelong sensory sensitivities. Hospital environments were particularly challenging due to alarms, overhead pages, fluorescent lighting, multiple simultaneous conversations, and unpredictable auditory input.

Although highly successful in inpatient settings, the cumulative sensory burden contributed to exhaustion and influenced her transition into outpatient medicine. She reported preferring environments where sensory input can be better regulated.

She selects clothing based primarily on sensory comfort and tolerability. Ocean sounds are described as calming and restorative. During periods of overload, she becomes quiet, withdraws socially, and requires time alone in a dark, low-stimulation environment.

Jane stated: "People have called them panic attacks, but it feels more like I hit a wall after I speak to patients all day while putting up with all the hospital noise."

The reported pattern is more consistent with autistic sensory overload and burnout than panic disorder.

### **Restricted Interests, Routines, and Self-Regulation**

Jane reported several longstanding areas of intense interest, including human behavior, aesthetics and personal presentation, and the history of Tudor England. She described deriving significant enjoyment, comfort, and intellectual stimulation from these interests and has accumulated extensive knowledge in these areas over many years.

Historically, others have occasionally commented that she spends "too much time" focused on her interests. Jane noted that these activities occur primarily outside of work responsibilities and do not interfere with occupational functioning. Rather, she experiences them as important sources of enjoyment, learning, emotional regulation, and recovery from the demands of daily life.

When experiencing increased stress, fatigue, or sensory overload, Jane reported a strong preference for familiar and predictable forms of media. She frequently listens to the same songs repeatedly for extended periods and often re-watches favorite historical documentaries and educational programs. She described these activities as calming and grounding, particularly following demanding workdays or periods of heightened stress.

The use of familiar media appears to serve a self-regulatory function by providing predictability, emotional comfort, and reduced cognitive demand. This pattern is commonly reported among autistic adults and is consistent with the use of repetitive and familiar experiences as a means of nervous system regulation.

### **Developmental and Social History**

Jane described herself as a child who preferred depth over breadth in relationships and interests. She often became deeply immersed in topics of interest and spent considerable time researching, organizing, and discussing favored subjects.

Although interested in people and relationships, she reported that social interactions often felt confusing or effortful. She described frequently relying on observation and analysis to

understand social situations and often felt that others were operating according to unspoken rules.

She reported that this pattern continues into adulthood. While she enjoys meaningful connections and demonstrates substantial empathy, she frequently experiences uncertainty regarding indirect communication and implied expectations.

### **Social Communication**

Jane described lifelong difficulty interpreting indirect communication and implied expectations. She enjoys meaningful relationships but reports needing substantially more social recovery time than peers.

She explained, "It's hard to get to know new people because people don't always say what they mean."

Findings indicate strong empathy and interest in others, with social interactions often approached analytically rather than intuitively.

### **Sensory and Social Burnout**

A recurring theme throughout the evaluation involved the cumulative impact of sensory and social demands. Jane reported requiring substantially more recovery time following work and social interactions than most peers and colleagues.

She described periods during which the combination of patient interactions, environmental noise, administrative demands, and social expectations leads to a state of exhaustion that is difficult to explain within traditional anxiety frameworks.

Rather than experiencing fear, she described reaching a point at which her cognitive and sensory resources feel depleted. During these times she becomes quieter, withdraws from interaction, seeks darkness and reduced stimulation, and engages in familiar activities such as listening to preferred music repeatedly or watching familiar documentaries.

The reported pattern is highly consistent with autistic burnout and sensory overload.

### **Occupational Functioning**

Jane excels in direct patient care and demonstrates strong ethical commitment. She experiences distress when administrative systems create barriers to patient care or when organizational processes appear inconsistent with stated values. Her responses reflect a strong sense of fairness and responsibility rather than oppositionality.

### **Behavioral Observations**

Appropriately groomed, cooperative, articulate, and insightful. Eye contact was present but variable. She became notably animated when discussing personal interests and demonstrated sophisticated self-awareness throughout the evaluation.

## Assessment Results

ADOS-2 Module 4 findings were consistent with Autism Spectrum Disorder. MIGDAS-informed interview identified longstanding sensory differences, deep interests, preference for authenticity, social fatigue, and a need for predictability.

Adult ADHD Symptom Screener revealed some attentional concerns; however, these appeared secondary to sensory overload and fatigue.

TOVA performance fell within normal limits and did not support ADHD.

Conclusion: ADHD was ruled out. Presenting concerns are better explained by Autism Spectrum Disorder.

## Diagnostic Formulation

Jane's presentation is consistent with a highly compensated autistic adult whose strengths have enabled significant academic and professional achievement. Her profile is characterized by superior intellectual functioning, exceptional dedication to patient care, strong empathy, deep specialized interests, and a pronounced commitment to fairness and ethical conduct.

At the same time, lifelong sensory processing differences, increased social-cognitive effort, need for predictability, preference for direct communication, use of repetitive regulatory behaviors, and significant recovery needs following interpersonal and environmental demands support a diagnosis of autism spectrum disorder.

Importantly, her experiences appear better explained by autism-related sensory overload and burnout than by primary anxiety, panic disorder, or ADHD. The evaluation suggests that many of the challenges she has encountered stem not from deficits in ability, motivation, or empathy, but from the ongoing effort required to function within environments that often assume neurotypical sensory and social processing styles.

The overall picture is that of a highly capable, insightful, and compassionate autistic physician whose understanding of her neurodevelopmental profile offers a framework for greater self-acceptance, more effective accommodation, and continued personal and professional success

Her history, observations, developmental profile, and standardized testing support Autism Spectrum Disorder Level 1 without intellectual or language impairment.

## DSM-5-TR Diagnosis

Autism Spectrum Disorder, Level 1  
Without Intellectual Impairment  
Without Language Impairment

Attention-Deficit/Hyperactivity Disorder: Not Supported

### **Recommendations: Optimal Work Environment**

- Quiet office space with control over sensory input.
- Limited exposure to overhead paging and high-noise environments.
- Ability to use noise reduction strategies when appropriate.
- Predictable scheduling whenever possible.
- Protected administrative time.
- Clear and direct communication from supervisors.
- Written expectations and procedures.
- Reduced unnecessary meetings.
- Opportunities for focused independent work.
- Recognition that social stamina may differ from peers despite strong professional competence.
- Flexibility for recovery following unusually demanding clinical days.

### **Recommendations: Family Support**

- Understand that recovery time after work is a neurological need rather than avoidance.
- Support access to quiet, low-stimulation environments.
- Communicate directly and explicitly when discussing plans or expectations.
- Respect sensory preferences regarding clothing, sound, and environment.
- Encourage engagement in special interests as a source of regulation and well-being.
- Recognize signs of sensory overload, including withdrawal, reduced speech, and increased need for solitude.
- Avoid interpreting periods of quiet recovery as anger or disinterest.
- Collaboratively develop household routines that balance connection with restoration time.

### **Summary**

Jane Smith's profile is consistent with Autism Spectrum Disorder and characterized by significant strengths including intelligence, empathy, dedication, curiosity, and ethical commitment. Recognition of her neurodevelopmental profile provides a coherent framework for understanding sensory overload, social fatigue, and lifelong differences in communication and processing style while highlighting the strengths that have contributed to her success.