

**THE CENTER FOR NEUROPSYCHOLOGY & LEARNING DISORDERS  
ADULT CLINICAL HISTORY**

Name of Patient \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Please describe the problems you are having. (Do not skip this section.)

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Current Medications \_\_\_\_\_

Prescribed by \_\_\_\_\_

Please list the people living in your home:

<u>Name</u>	<u>Age</u>	<u>Relationship to patient</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other immediate family members living outside the home:

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Marital status \_\_\_\_\_

Childrens' ages \_\_\_\_\_

Current employment \_\_\_\_\_

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Past employment \_\_\_\_\_

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**Birth and Early Developmental History**

Medications, alcohol, smoking, street drugs taken during the pregnancy \_\_\_\_\_

Complications during pregnancy, labor, or birth \_\_\_\_\_

Birth Weight \_\_\_\_\_ (APGAR scores ( if known) \_\_\_\_\_

Detained in Hospital? \_\_\_\_\_ Jaundice \_\_\_\_\_ Colic \_\_\_\_\_

Ages at which developmental milestones were achieved:

Walking \_\_\_\_\_ Talking \_\_\_\_\_

Fine/gross motor problems \_\_\_\_\_

**Early Behavior and Social Adjustment**

Activity level in childhood \_\_\_\_\_

Describe any behavioral or emotional problems in childhood \_\_\_\_\_

Problems with friends, peer relationships \_\_\_\_\_

Anxiety/Fears/Phobias \_\_\_\_\_

**Medical History**

Chronic health problems \_\_\_\_\_

Past illnesses \_\_\_\_\_

Past medications \_\_\_\_\_

Significant injuries \_\_\_\_\_

Surgeries \_\_\_\_\_

Sleeping problems \_\_\_\_\_

Eating problems \_\_\_\_\_

Hospitalizations (medical) \_\_\_\_\_

Head injury/concussion \_\_\_\_\_

Seizures \_\_\_\_\_

Headaches \_\_\_\_\_

(Women) PMS/menopause related symptoms \_\_\_\_\_

**Psychiatric History**

Depression, anxiety, self-harming behaviors \_\_\_\_\_

\_\_\_\_\_

Difficult behaviors at home or at work \_\_\_\_\_

\_\_\_\_\_

Counselors/Therapists (past and current) \_\_\_\_\_

\_\_\_\_\_

Dates of any psychiatric hospitalizations \_\_\_\_\_

\_\_\_\_\_

Substance abuse, past and present \_\_\_\_\_

\_\_\_\_\_

**Family History**

Mother's Education \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Education \_\_\_\_\_ Occupation \_\_\_\_\_

Please indicate immediate and/or extended family members with the following:

Learning Disabilities \_\_\_\_\_

ADHD \_\_\_\_\_

Developmental disabilities \_\_\_\_\_

Autism, Asperger's, PDD \_\_\_\_\_

Depression \_\_\_\_\_

Substance abuse \_\_\_\_\_

Anxiety \_\_\_\_\_

Bipolar Disorder \_\_\_\_\_

Seizures/Epilepsy \_\_\_\_\_

Other psychiatric or neurological problems \_\_\_\_\_

\_\_\_\_\_

**Educational History**

Please list the names of schools attended and for which grades.

Elementary school \_\_\_\_\_

Average grades achieved \_\_\_\_\_

Junior high/middle school \_\_\_\_\_

Average grades achieved \_\_\_\_\_

High School \_\_\_\_\_ Year of grad. \_\_\_\_\_

Average grades achieved \_\_\_\_\_

SAT scores \_\_\_\_\_  
 College/Univ. \_\_\_\_\_ Year of grad. \_\_\_\_\_  
 GPA \_\_\_\_\_  
 Major \_\_\_\_\_  
 GRE/MCAT/LSAT Scores \_\_\_\_\_  
 Graduate School \_\_\_\_\_ Year of grad. \_\_\_\_\_  
 Degree \_\_\_\_\_

Please list any academic, behavioral, or social problems you had in school:

Grade Level    Problems

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Services received in school (IEP, 504 Plan, speech therapy, remedial reading, OT, PT, etc.):

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Private tutoring \_\_\_\_\_

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**Homework and Study Skills**

Please indicate whether you had (or have) problems with any of the following.

- Bringing home the right materials \_\_\_\_\_
  - Knowing what the assignments are \_\_\_\_\_
  - Understanding how to do assignments \_\_\_\_\_
  - Getting started on homework \_\_\_\_\_
  - Managing long-term projects \_\_\_\_\_
  - Knowing how to study for tests \_\_\_\_\_
  - Taking tests \_\_\_\_\_
  - Note-taking \_\_\_\_\_
  - Staying on task and finishing assignments \_\_\_\_\_
  - Completing work within a reasonable length of time \_\_\_\_\_
  - Turning work in at school the next day \_\_\_\_\_
  - Staying focused in class and when studying \_\_\_\_\_
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**Evaluation History**

List any previous evaluations in chronological order:

Date	Evaluator/Facility	Diagnosis
_____	_____	_____
_____	_____	_____
_____	_____	_____