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.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Current Medications _____
_____

Prescribed by _____

Please list the people living in your home:

Name	Age	Relationship to patient

Please list other immediate family members living outside the home:

_____
_____
_____

Marital status_____
Childrens' ages _____

Current employment_____
_____
_____

Past employment_____
_____
_____
_____

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

_____
_____
_____
_____

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

_____
_____
Private tutoring _____
_____

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 _____
_____

Evaluation History
List any previous evaluations in chronological order:
Date Evaluator/Facility Diagnosis

_____
_____
_____