NEUROPSYCHOLOGICAL HISTORY

PATIENT'S NAME_____ **DATE**_____

NAME OF PERSON FILLING OUT THIS FORM (if NOT patient)_____

(Indicate your relationship to patient)_____

I. IDENTIFYING INFORMATION:

DOB_____ **AGE**_____ **RIGHT-HANDED OR LEFT-HANDED?**_____

(Any family members left-handed?_____)

PLACE OF BIRTH_____ **RAISED IN**_____

FATHER'S OCCUPATION:_____ **MOTHER'S OCCUPATION:**_____

MOVED HERE IN_____ **NO. OF BROTHERS (ages)**_____ **SISTERS**_____

PRIMARY CHILDHOOD LANGUAGE (if not English, note when learned English)_____

EDUCATION (Circle years of formal ed. completed) <7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Circle highest awarded: G.E.D. H.S. Dipl. AA BA/BS MA/MS Doctorate Professional

Year and field of college degree(s)_____

Ever held back in a grade?_____

Ever in special ed. classes? (note subjects)_____

Learning problems? Reading_____ Spelling_____ Math_____

MILITARY SERVICE:	**Date In**	**Date Out**	**Rank**	**Duties**
Branch_____				

Combat? (note places)_____ Injuries?_____

SOCIAL SECURITY DISABILITY OR OTHER DISABILITY? (Note cause)_____

MARITAL STATUS (Record dates of each marriage/reason ended/number & sexes of children):

EMPLOYMENT HISTORY (note principal types of employment, years in each type):

Job Title/Type of Work	Dates	Job Title/Type of Work	Dates

Retired? Yes No Date_____ Reason_____

Unemployed for other reason (indicate)_____

CURRENT SOURCES OF FINANCIAL SUPPORT_____

CURRENT LEISURE ACTIVITIES_____

II. MEDICAL HISTORY: For each applicable illness/condition, record the date of diagnosis or onset of disease or of any injuries.

Did the patient experience any birth complications/neonatal illness or injury?

Does the patient now have, or has the patient ever had, any of the following:

Alzheimer's Disease_____

Anoxia/Artificial Respiration_____

Arteriosclerosis_____

Arthritis/Gout (note parts of body involved)_____

Brain Tumor (note location)_____

Broken Limbs_____

Cancer (note type)_____

Coma (note cause)_____

Diabetes (On insulin--Yes____ No____ For how long?_____)_____

Fever over 105 degrees_____

Headaches: Frequency--_____ Duration--_____

Location--_____ When first began--_____

Head Injury:

Date and Cause	Unconscious?	If so, for how long?
	Y___ N___	
	Y___ N___	
	Y___ N___	

Heart Disease_____

High Voltage Accident_____

Huntington's Disease_____

Hydrocephalus_____

Hypertension_____

Hypoglycemia_____

Kidney Disease_____

Liver Disease_____

Meningitis/Encephalitis_____

Multiple Sclerosis_____

Paralysis_____

Parkinson's Disease_____

Psychiatric/Emotional Problems_____

_____

Respiratory Disease

Seizures (note type if known, date of last seizure)

Sensory Change/Loss

Sexually Transmitted Diseases

Sleep Disorder

Spinal Problems

Stroke (note locations/side of body affected/symptoms)

Surgeries:

Type	Date	Type	Date

Syncope (blackouts/fainting)

Thyroid Disorder

Toxic Chemical Exposure

Valley Fever

Other

CURRENT MEDICATIONS:

SUBSTANCE USE: Any DUI offenses? (Approximate number)

Alcohol—How often do you drink alcohol? How much?

Previous problem with alcohol? Yes____ No____ Drinker from age ____ to age____

Treatment: Outpatient (e.g., AA)

Inpatient

Illicit Drugs--(note types, dates):

Tobacco--(age started, age stopped, amount):

FAMILY MEDICAL HISTORY:

Relative	**Age**	**Current Health Status or Cause of Death**
Mother	_____	
Father	_____	
Maternal GF	_____	
Maternal GM	_____	
Paternal GF	_____	
Paternal GM	_____	

Brothers/Sisters

Please note any diseases that run in patient's family:

Able to drive? Yes___ No___ If not, what are the problems?

Having any problems with memory? If so, please describe and indicate when problem(s) began.

Please note below anything else that you think it is important for the neuropsychologist to know.