

ADULT HISTORY FORM FOR TESTING

Name:	Age:	DOB:	
Phone #:	Email Address:		-
What are the difficulties tl	nat led you to seek an evaluation	n?	
	e □Married □ Separated		
•			
Who did you grow up livir	ng with?		
What language(s) do you	speak?		
	cted or diagnosed development or medical difficulties amongst		, ,



Please describe any <u>suspected or diagnosed</u> developmental, learning, behavioral, psychological, or medical difficulties among extended biological family members (uncles, aunts, cousins, grandparents):

Maternal/mo	Paternal/father's side			
BIRTH & DEVELOPMENT	AL HISTORY			
Any illnesses or complicati	ons during pregnancy?		□Yes	□ No
	es used during pregnancy?		□ Yes	□No
Any complications during l If yes, please explain:	abor or delivery?		☐ Yes	□ No
Full Term?		☐ Yes	□ No:	weeks gestation
	section		nt:lbs	_
	erventions or care at birth			J Yes □ No



Any delays in when you began walking? Any delays in when you began talking?				☐ Yes	□ No
				☐ Yes	□ No
•		nt your development?	☐ Yes	□ No	
Have you ever red	-		☐ Physical Thera☐ Regional Cente		Other
Age(s) (e.g., from 8 to	Duration (e.g., 30 min)	Frequency (e.g., 2x/week)	What	was the treati	ment for?
·	have concerns ab	out your appetite or ea	G	□ Yes	□ No
Do you have diffice	-	falling aslee	p 🗖 staying	-	_
,	-	ices (e.g., walker, hearing			□ No



Do you or others have concerns		☐ Yes	□ No		
Do you or others have concerns		□ Yes	□ No		
Have you ever had a head injury		□ Yes	□ No		
If yes, please describe, includi	ng duration of L	OC and at what	age:		
Have you ever been to the emer		_			Yes □ No
Please describe any other medi	cal conditions, d	iagnoses, healtl	n consideratior	ns, and/or t	reatments:
·					
Please list current and past med	lications or supp	olements:			
Name	Current Dose	Date Started	Date Ended	Sid	e Effects?
Any difficulties taking medication	on(s)? 🗖 Ye	s 🗖 No			

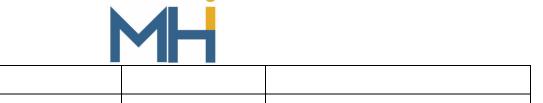


PSYCHIATRIC HISTORY

Do you have current	difficulty with:	attention	ı/focus	□ hy	peractivity	□impulsivity
memory	organ	nization 🗖 r	egulating er	notions	□ anxiety/	depression
🗖 risky behav	viors 🗖 maki	ng/keeping friend	ls 🗖 intera	cting with	others	
How would you desc	ribe your mood	, most days?				
Have you ever receiv	ved a psychologi	cal, neuropsychol	ogical, or ps	sychoeduca	ational evalua	ntion before?
□ Yes	□ No *	(If yes, please prov	vide copy to	examiner)		
If yes, please descr				_	e at evaluatio	n:
J / 1	71 1			J		
Have you ever been	diagnosed with	a mental health co	ondition? 🗖	Yes	□ No	
If yes:	O					
Diagnosis N	Name	Date Diagnosed	l	W	ho Diagnosed	1?
(e.g., ADH	D)			(psychiatrist, therapist, pediatrician, etc.)		
			<u> </u>			
Are you currently in	therapy?	☐ Yes	□ No			
Have you ever been i	in therapy?	☐ Yes	□No			
		Frequency (e.g., 50 min, 1x/w		What	was the thera	apy for?
		(c.g., 50 mm, 1x/ w	reeky			



Have you experienced	any unusual, traumatic,	or possibly stressful ev	vents, either in the past or recently?
☐ Yes	⊐ No		
If yes, please describ	oe:		
ACADEMIC HISTORY			
What is your highest le	evel of education:		
,		College (BA/BS) □ G	raduate School (PhD, MD, JD, etc.)
Have you ever:	☐ Skipped a grade	e:	peated a grade:
Do you have current d	ifficulty with:		
☐ Reading fluency	J	comprehension	☐ Mathematics
□ Spelling	¬ □ Written e	•	☐ Handwriting
. 0		•	<u> </u>
Have you ever had tuto	oring? \square Ye	es 🗖 No	
		and when (ages/grades	s):
	,	(0 , 0	
Have you ever had a 5	04 Plan, IEP, or other cla	ssroom/learning supp	orts?
*(If yes, please provide cop	py of current/prior plans to exc	aminer)	
Please list previous scl	hools and grades attende	ed at each, starting at p	reschool:
School	Grades Attended	Grades Received	Teacher(s) Have Concerns?
3611001	di aues Attenueu	(e.g., A's-F's, 1-4's)	If yes, please describe.



OCCUPATIONAL HISTORY

Please list all current and former jobs, dates of employment, responsibilities, and any difficulties completing your work and/or concerns from management.

Job Title	Dates of Employment	Job Respo	nsibilities	Issues/Concerns? If yes, please describe.
SOCIAL HISTORY				
Please list your hobbies: _				
Do you have friends? Pleas	se describe your socia	al support netw	ork, how you ge	ts along with others, and
any concerns:				
Do you currently: ☐ Smok	xe/Vape □ Dr	rink Alcohol	☐ Use other su	ıbstances