

PERSONAL HISTORY

Date of Eval:

Name:		Sex M F		Education:			
Address:							
Phone No.		Religion:		Drive?			
Referred by:		D.O.B.		Age			
Referral Question:							
Reason for referral (as reported by patient)							
Family doctor							
Other specialists							
Place of Birth				Native Language			
Handedness				Current Job			
Education				Special Training			
School Problems							
Work History							
Volunteer work?							
Hobbies							
How do you spend your day?							
Marital Status:				Previous			
List all children and relatives living with the patient.							
<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relation</u>	<u>Educ</u>	<u>Occup</u>	<u>Health</u>	<u>Other</u>

MEDICAL HISTORY

Previous hospitalizations/operations/accidents
Serious illnesses
History of emotional disorder

Current Medical Problems		
Family history of serious illness/neurological disorder/emotional disorder		
Head injuries (include LOC, PTA, RA)		
Other cerebral damage (CVA, etc)		
Medications		
<u>Name</u>	<u>Dose</u> —	<u>Reason</u>
Recent Changes in Meds:		
Alcohol:	Tobacco	Illicit Drugs
Food Allergies	Drug Allergies	OTC/Natural Meds

PHYSICAL SYMPTOMS AND CHANGES

Weakness	Numbness
Muscle tics or twitches	Clumsiness
Headache	Pain
Dizziness	Nausea
Visual defects	Auditory defects
Hear/see things others don't	Problems with taste/smell
Bladder/bowel control	Change in appetite/weight
Seizures	Fainting spells
Other	
How do you handle stress:	
Is this different than in the past:	

BEHAVIORAL CONCERNS

Unusual fears	Slowed response	Destructiveness
Irritability	Excessive Sadness	Self-Destructive
Stubbornness	Sleep problems	Overly compliant
Suicidal Thoughts	Isolated	High Activity level
Sexual difficulties	Aggressiveness	Restlessness
Defiance	Immature	Eating problems
Mood swings	Nightmares	Easily frustrated
Withdrawn	Problems Driving	Other

INTELLECTUAL CONCERNS

General Intellectual Level
Difficulty with planning/organization
Difficulty completing an activity
Difficulty adapting to change (rigid)
Inability to concentrate
Easily distracted
Impulsive
Difficulty learning or remembering
Difficulty with comprehension
Difficulty with expression
Gets lost easily
Difficulty with writing
Difficulty with reading
Difficulty with mathematics/handling money
Periods of confusion/disorientation
Slowed thought processes
Other

PSYCHOSOCIAL CONCERNS

Any change in mood/personality
Any change in ability to handle household chores or job
Any change in the way patient gets along with spouse/family
Any change in social activities

ADDITIONAL DESCRIPTION:

Are symptoms/complaints static or getting worse
What is the patient's best guess as to why the symptoms/complaints are happening

CONSEQUENCES

Has daily living at home, at work, or in social situations been affected by the complaints?	How?
How does patient/caregiver get the problem(s) to stop or to be less intense/frequent/of shorter duration?	