Neuropsychology Adult History

INSTRUCTIONS: This form must be completed and returned to Meier Clinics *before* your appointment. Please fill out the form to the best of your knowledge. If some questions do not apply, write in NA. IF you need more space or wish to make additional comments, please do so on a separate sheet of paper and attach it to this form.

Today's Date: _____

Patient Information:

Patient's Name: _____ Date of Birth: _____

Home Address: _____

Daytime Phone: (_____)_____ Evening Phone: (_____) _____

Ethnicity or Race: _____ Gender: ❑ Male ❑ Female

Religion: _____ Handedness: ❑ Left ❑ Right

Primary Language: _____ Secondary Language: _____

Employment Status: ❑ Employed ❑ Not Employed ❑ Disabled

Occupation: _____

Highest Level of Education Completed: _____

Physician Information

Primary Care Provider: _____

Address: _____

Telephone: (_____)_____

Neurologist or Specialty Provider: _____

Address: _____

Telephone: (_____)_____

Referral Information:

Reason for Consultation: _____

_____

_____

_____

_____

_____

Referred by: _____

What specific questions would *you* like answered by this evaluation? _____

_____

_____

_____

_____

Name of person filling out this form (if not patient): _____

Problem Checklist

Report *all* problems by checking the appropriate box next to the problem. If the problem is *new* (within the last year) or began *after* a recent illness or injury, check the "New" box. If the problem has been chronic or began *prior* to an injury or illness, check the "Chronic" box.

1. Problem Solving Skills*: Patient has difficulty with. . .*

New	*Chronic*	
❑	❑	Solving problems previously able to do
❑	❑	Solving new or complicated problems
❑	❑	Planning ahead or keeping sight of goals
❑	❑	Organizing personal, home, or work activities
❑	❑	Changing a plan, activity or problem-solving approach when necessary (inflexibility)
❑	❑	Completing an activity in a reasonable period of time, or managing time well
❑	❑	Doing more than one activity simultaneously
❑	❑	Switching from one activity to another, or handling changes in routines (transitions)
❑	❑	Tendency to make the same error repeatedly (difficulty learning from experience)
❑	❑	Talking about how to solve a problem but still can't do it
❑	❑	Other problem solving difficulties: _____

2. Language

New	*Chronic*	
❑	❑	Fluency: ❑ unable to speak much ❑ word finding difficulty ❑ misnaming objects
❑	❑	Quality of speech: ❑ slurred ❑ louder ❑ softer ❑ lacks emotional expression
❑	❑	Control of Speech: ❑ rambling ❑ jumps from topic-to-topic ❑ incoherent
❑	❑	Comprehension: ❑ difficulty understanding others ❑ difficulty understanding what is read
❑	❑	Writing letters or words incorrectly (not due to motor control or visual problems)
❑	❑	Written expression (difficulty forming ideas, grammar, etc.)
❑	❑	Spelling difficulty
❑	❑	Other language problems: _____

3. Nonverbal Skills

New	*Chronic*	
❑	❑	Difficulty w/ ADLs: ❑ hygiene ❑ housekeeping ❑ driving ❑ shopping ❑ bill paying
❑	❑	Dressing can be confusing (not due to a physical difficulty)
❑	❑	Math difficulty (e.g., balancing checkbook, making change with coins)
❑	❑	Some single-step activities can be confusing (e.g., placing stamp on envelope)
❑	❑	Some multiple-step activities can be confusing (e.g., addressing, placing a stamp and sealing an envelope)
❑	❑	Difficulty finding the way around familiar places or getting lost easily
❑	❑	Difficulty recognizing or identifying: ❑ familiar objects ❑ familiar people
❑	❑	Confused about time of day, season or year

4. Memory: *Frequently forgets. . .*

New	*Chronic*	
❑	❑	Where objects are placed (e.g., keys)
❑	❑	When appliances are on (e.g., stove)
❑	❑	Important responsibilities: ❑ appointments ❑ taking medications ❑ paying bills
❑	❑	Names of people patient knows
❑	❑	Important info.: ❑ the activity patient was just doing ❑ plans made for the day ❑ what was just read
❑	❑	Destination (when driving or walking)
❑	❑	Events that happened long ago (months or years)
❑	❑	Events that happened only minutes or hours ago (e.g., prior meal)
❑	❑	How to perform an activity previously known quite well
❑	❑	Other memory problems: _____

5. Concentration

New *Chronic*

- ❑ ❑ Concentration problems
- ❑ ❑ Often loses train of thought when talking
- ❑ ❑ Easily confused or distracted
- ❑ ❑ Disoriented to surroundings (surprised at where patient finds him/herself)
- ❑ ❑ Drowsy or falls asleep at odd times
- ❑ ❑ Other concentration problems: _____

6. Motor & Coordination

New *Chronic*

- ❑ ❑ Muscle weakness: ❑ left side ❑ right side
- ❑ ❑ Muscles are tight or spastic: ❑ left side ❑ right side
- ❑ ❑ Tremor or shakiness: ❑ left side ❑right side ❑ always ❑ only when moving
- ❑ ❑ Movements are inaccurate or poorly controlled: ❑ left side ❑ right side
- ❑ ❑ Handwriting is: ❑ smaller ❑ larger ❑ sloppier
- ❑ ❑ Oral (mouth) motor control problem
- ❑ ❑ Walking (gait) has changed or is unusual, or has a balance problem
- ❑ ❑ Involuntary or repetitive movements: ❑ eye/facial ❑ vocal ❑ limbs ❑ torso
- ❑ ❑ Poor fine motor skills (using a pencil, scissors, keys, etc.)
- ❑ ❑ Other motor or coordination problems: _____

7. Sensory

New *Chronic*

- ❑ ❑ Loss of feeling or numbness: ❑ left side ❑ right side
- ❑ ❑ Tingling or strange skin sensations: ❑ left side ❑ right side
- ❑ ❑ Difficulty determining hot from cold: ❑ left side ❑ right side
- ❑ ❑ Problems seeing on one side: ❑ left side ❑ right side
- ❑ ❑ Blank spots in vision: ❑ left side ❑ right side
- ❑ ❑ Blurred or double vision
- ❑ ❑ Hard of hearing: ❑ left side ❑ right side
- ❑ ❑ Food tastes bland or loss of smell
- ❑ ❑ Other sensory problems: _____

8. Physical Problems

New *Chronic*

- ❑ ❑ Headaches
- ❑ ❑ Dizziness or fainting
- ❑ ❑ Nausea or vomiting
- ❑ ❑ Lacking in energy

New *Chronic*

- ❑ ❑ Urinary incontinence
- ❑ ❑ Poor control of bowel
- ❑ ❑ Chronic pain
- ❑ ❑ Recent infection

9. Behavior & Personality

New *Chronic*

- ❑ ❑ Aggressive or violent
- ❑ ❑ Angrier or more irritable
- ❑ ❑ Anxiety
- ❑ ❑ Automatic behavior (lack awareness)
- ❑ ❑ Bizarre behavior
- ❑ ❑ Depression
- ❑ ❑ Difficulty starting to do things
- ❑ ❑ Disinhibited
- ❑ ❑ Doesn't seem to care about anything
- ❑ ❑ Inappropriate behavior in social situations

New *Chronic*

- ❑ ❑ Emotional (e.g., cries easily)
- ❑ ❑ Euphoria (feeling on top of the world)
- ❑ ❑ Panic attacks
- ❑ ❑ Phobia
- ❑ ❑ Silliness
- ❑ ❑ Suspiciousness
- ❑ ❑ Stress
- ❑ ❑ Suicidal act
- ❑ ❑ Suicidal statement

(9. Behavior & Personality continued)

- ❑ ❑ Sleep Problems: ❑ difficulty falling asleep ❑ frequent or early awakening ❑ sleeping more
- ❑ ❑ Change in eating habits: ❑ less hungry ❑ more hungry ❑ weight change in past 6 months
- ❑ ❑ Change in interest in sex: ❑ less interest ❑ more interest
- ❑ ❑ Presence of hallucinations: ❑ voices ❑ visions ❑ skin sensations
- ❑ ❑ Unaware of: ❑ effect of own behavior on others ❑ own problems
- ❑ ❑ Patient's behavior or personality has changed significantly
- ❑ ❑ Other: _____

Additional Comments Regarding Presenting Problems: _____

_____

_____

_____

_____

_____

_____

_____

Early History ❑ This information is unknown

10. Patient was born: ❑ Prematurely ❑ On time (38-42 weeks) ❑ Late

11. Patient's birth weight (approximate): _____ Length (approximate): _____

12. Check all that applied to the *biological mother* when she was pregnant with the patient.

- ❑ Alcohol use
- ❑ Cigarette smoking
- ❑ Illness-Pregnancy related (e.g., toxemia, diabetes, hypertension)
- ❑ Illness-Other _____
- ❑ Poor nutrition
- ❑ Psychological problems or stress
- ❑ Recreational drug use
- ❑ None of these apply
- ❑ Other: _____

13. Check all the medical problems associated with the patient's birth.

- ❑ Baby was sick
- ❑ Mother was sick
- ❑ Long hospitalization for baby
- ❑ Prenatal problems
- ❑ Special equipment needed
- ❑ Seizures
- ❑ None of these apply
- ❑ Other: _____

14. Rate the patient's childhood development by checking one description for each area.

Early	*Average*	*Late*	*Unknown*		*Early*	*Average*	*Late*	*Unknown*	
❑	❑	❑	❑	Walking alone	❑	❑	❑	❑	Toilet-trained
❑	❑	❑	❑	Talking in short sentences	❑	❑	❑	❑	Overall development
❑	❑	❑	❑	Meeting milestones compared to brothers/sisters				❑	No siblings

15. In school the patient had problems with: ❑ Reading (dyslexia) ❑ Spelling ❑ Arithmetic ❑ Inattention

Describe any other academic problems: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Medical History

Childhood Medical History

16. Check all conditions present when the patient was under 18 years of age.

- ❑ Allergies
- ❑ Asthma
- ❑ Attention deficit disorder
- ❑ Brain infection or disease
- ❑ Cancer
- ❑ Cerebral palsy
- ❑ Developmental delay
- ❑ Diabetes
- ❑ Ear infections (chronic, severe)
- ❑ Encephalitis
- ❑ Endocrine disorder
- ❑ Epilepsy or seizure disorder
- ❑ Fever 104^F or higher (chronic)
- ❑ Head/brain injury
- ❑ Hearing problem
- ❑ Hyperactivity
- ❑ Immune system disorder
- ❑ Infectious disease
- ❑ Kidney disease
- ❑ Learning disability
- ❑ Lung (respiratory) disease
- ❑ Malnutrition
- ❑ Meningitis
- ❑ Metabolic disorder
- ❑ Muscle tightness or weakness
- ❑ Neuromuscular disease
- ❑ Oxygen deprivation
- ❑ Polio
- ❑ Psychiatric disorder
- ❑ Speech disorder
- ❑ Spina bifida
- ❑ Venereal disease
- ❑ Vision problem
- ❑ Whopping Cough
- ❑ Unknown/None
- ❑ Other: _____

17. List congenital disorder(s) (conditions born with): _____

18. List any unusual physical traits: _____

19. List any genetic disorder: _____

20. As a <u>child</u>, the patient. . .

- ❑ had a serious head injury Age:____ Describe: _____
- ❑ had a serous accident Age:____ Describe: _____
- ❑ may have been exposed to a harmful substance (e.g., lead, pesticides) or poisoned Age:_____

Describe: _____

_____

21. List important medications or treatments (other than for common problems) given to the patient as a <u>child</u>.

Medication/Treatment	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Adult Medical History

22. Check all that *currently* or *recently apply* (within the past year).

- ❑ Alcohol abuse or addiction
- ❑ Allergies or asthma
- ❑ AIDS or HIV
- ❑ Artery Disease
- ❑ Blood or blood vessel disease
- ❑ Brain disease, infection or injury
- ❑ Diabetes
- ❑ Encephalitis
- ❑ Endocrine disorder
- ❑ Hazardous substance exposure
- ❑ Heart disease or defect
- ❑ Hypertension
- ❑ Immune disorder (lupus, etc)
- ❑ Huntington's disease
- ❑ Infection (serious)
- ❑ Infectious disease
- ❑ Kidney disease
- ❑ Liver disease
- ❑ Lung disease
- ❑ Malnutrition
- ❑ Meningitis
- ❑ Metabolic disorder
- ❑ Parkinson's disease
- ❑ Polio
- ❑ Multiple Sclerosis
- ❑ Neuromuscular disease
- ❑ Psychiatric disorder
- ❑ Senility (dementia)
- ❑ Sleep disorder
- ❑ Stroke or TIA
- ❑ Thyroid disease
- ❑ Venereal disease
- ❑ No known medical problems
- ❑ Other: _____

23. Within the past few years, the patient had: ❑ serious auto accident ❑ surgery ❑ drug overdose

Explain all checked: _____

_____

_____

_____

24. Please list all *current* prescription and over-the-counter medications. Use another page if necessary.

Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. List all major medical treatments the patient has received (radiation, chemo, etc).

_____

_____

_____

_____

26. Seizure/Epilepsy History: check all that apply.

Partial: ❑ Simple partial ❑ Complex partial (with unconsciousness) ❑ Partial evolving into generalized

General: ❑ Absence (petit mal) ❑ Myoclonic ❑ Clonic ❑ Tonic ❑ Tonic-clonic (gran mal) ❑ Atonic

Other: ❑ Unclassified type ❑ Febrile (fever) seizure ❑ Lasted over 30 min. ❑ Seizure from unknown cause

Describe any physical symptoms: _____

Describe any behavioral symptoms: _____

Epilepsy History: Age of diagnosis: _____ Frequency of seizures: _____ Total seizures: _____

Last seizure occurred: _____ Number of *current* seizure medications: _____

27. Describe the patient's last two hospitalizations, starting with the most recent.

Date	Reason for hospitalization
_____	_____
	_____
_____	_____
	_____

Family History

Childhood Family

28. The patient was raised by: check all that apply.

❑ Biological mother ❑ Biological father ❑ Adoptive parent(s) ❑ Foster parent(s) ❑ Biological relative(s)

❑ Institutional care ❑ Others: _____

If placed with *non-biological parents*, note the age placed & circumstances of placement: _____

_____

_____

_____

_____

_____

_____

29. Family of Origin: Describe the patient's *biological* parents and siblings in the chart below. If the biological parents are unknown, describe the adults who raised the patient.

	Age	Education (years or degree)	Occupation (current or previous)	Lived in the home (y/n)	Health Problems
Father					
Mother					
Sibling 1					
Sibling 2					
Sibling 3					
Sibling 4					
Sibling 5					

Current Family

30. Describe the patient's *current* family (married family & children, or other situation). Write in the age and gender (M=male, F=female) of each family member. List any children beginning with the oldest.

	Spouse or Partner	Children (oldest to youngest)	Others living in the home (relatives, friends)
Age & Sex			

31. Family health history: Indicate which *biological family members* have *any* of the following conditions (e.g., mother, father, brother, sister, grandparent, aunt, uncle, or cousins).

Alzheimer's disease or dementia: _____

Seizures (epilepsy): _____

Multiple sclerosis: _____

Neuromuscular disease: _____

Parkinson's disease: _____

Alcoholism/substance abuse: _____

Bipolar Disorder (manic-depression): _____

Depression: _____

Personality disorders: _____

Schizophrenia: _____

Speech or language disorders: _____

Learning Disabilities: _____

Attention Deficit/Hyperactivity: _____

Mental Retardation: _____

Genetic Disorders: _____

Other: _____

Personal History

Marital

32. Marital status: ❑ Married ❑ Single ❑ Divorced ❑ Separated ❑ Widowed ❑ Living with someone
33. Spouse or partner's name:_____
34. Length of time married or living with current spouse/partner: _____
35. Number of times married: _____
36. Spouse/partner's occupation: _____
37. Spouse/partner's health: ❑ Good ❑ Poor

Education

38. Highest grade or degree: _____
39. Typical grades in school/college: ❑ A's (100-90) ❑ B's (89-80) ❑ C's (79-70) ❑ D's (69-60) ❑ F's (<59)
40. Best school subject: _____ Weakest school subject: _____
41. List any grades repeated: _____
42. List remedial class or service received for academic problems: _____
43. List any grade skipped: _____ List any advanced class: _____
44. Dropped out of school at age/grade: _____ Reason: _____

Employment ❑ Currently not employed Number of employments in the past 10 years: _____

45. Describe the patient's last 3 jobs (start with the most recent).

Job Title	Responsibilities	Time employed

Military ❑ Did not serve ❑ Currently serving

46. Branch: _____ Discharge rank: _____
47. Type of discharge: _____
48. Major military duties: _____
49. List any sustained physical or psychological injuries in the military. _____
    _____
    _____
50. Note any exposure to dangerous or unusual substances during military service (e.g., agent orange, radiation, etc.). _____
    _____

Recreation

51. List four types of recreation (e.g., sports, hobbies, etc) the patient enjoys: _____
    _____

Legal

52. List any arrests: _____
    _____

_____

53. List any legal action pending (concerning the patient): _____

_____

_____

Alcohol

54. Alcohol use: ❑ rarely or never ❑ 1-2 days/week ❑ 3-6 days/week ❑ daily ❑ binge

55. Patient used to drink but has stopped. Date stopped (month and year): _____

56. Patient started drinking at age: _____

57. Preferred type of drink(s): _____

58. Usual number of drinks consumed at each sitting: _____

59. Last drink was: ❑ less than 24 hours ago ❑ 1-2 days ago ❑ over 2 days ago

60. The patient. . .❑ can drink more than most people who are the same age and size before getting drunk
    ❑ sometimes loses consciousness after drinking (e.g., blacks out)
    ❑ sometimes gets into trouble after drinking: ❑ fights ❑ legal difficulty ❑ accidents ❑ family conflicts

61. ❑ Patient has been diagnosed with Wernicke-Korsakoff disease

62. ❑ There is a history of alcoholism or heavy drinking in the patient's biological family

Drugs

63. Check drugs the patient is using now or used previously, and describe use (amount, frequency, etc).

New	*Chronic*		*Use*
❑	❑	Amphetamines (stimulants)	_____
❑	❑	Barbiturates (downers, sedatives)	_____
❑	❑	Cocaine or Crack	_____
❑	❑	Designer drugs	_____
❑	❑	Hallucinogens (LSD, acid)	_____
❑	❑	Inhalants (glue, nitrous, etc)	_____
❑	❑	Marijuana	_____
❑	❑	Opioids (heroin, etc)	_____
❑	❑	PCP (angel dust)	_____
❑	❑	Other	_____

64. The patient. . .
    ❑ has been in drug or alcohol treatment: _____
    ❑ has gone through drug withdrawal: _____
    ❑ has used I.V. drug: _____
    ❑ had a drug overdose: _____
    ❑ is dependent on or abused a prescription drug: _____

Mental Health History

65. ❑ Patient *currently* is in psychotherapy ❑ Patient *previously* was in psychotherapy

66. ❑ Patient had a prior psychological or neuropsychological evaluation.
    Date of evaluation: _____ Main Findings of evaluation: _____

_____

_____

_____

_____

_____

67. Psychologist who knows the patient: Name _____

Address: _____

Phone #: (_____)_____

68. Please add any helpful information that was not covered elsewhere in this questionnaire.

_____
_____
_____
_____
_____
_____
_____
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Thank you for taking the time to carefully complete this questionnaire.