

**MONTANA NEUROBEHAVIORAL SPECIALISTS
NEUROPSYCHOLOGICAL EVALUATION HISTORY FORM
ADULT**

NAME:	
TODAY'S DATE:	DATE OF BIRTH:
REFERRED BY:	
AGE:	HANDED: RIGHT LEFT
RACIAL IDENTIFICATION:	
GENDER:	YEARS OF EDUCATION:
REASON FOR EVALUATION:	
HOME PHONE:	WORK PHONE:
SSN #:	
SEND REPORT TO:	

Please list the current symptoms which give you the most problems:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

**NEUROPSYCHOLOGICAL EVALUATION HISTORY
ADULT FORM - PAGE TWO**

I. MEDICAL HISTORY

A. Do you have a family history of stroke, heart attack or dementia? Yes No

If yes, which and what relative: _____

B. Did your mother have difficulties with her pregnancy before you were born?

Yes No Unknown

If yes, please specify: _____

C. Were you born prematurely or have other birth problems? Yes No

If yes, please specify: _____

D. Have you had general anesthesia? Yes No

If yes, please specify age, reason for surgery: _____

E. Have you had artificial respiration? Yes No

If yes, please specify what happened and when: _____

F. Have you had fevers of 106 degrees or above? Yes No

If yes, specify cause, when, and for how long: _____

G. Do you have current difficulties with vision? Yes No

Right Eye Left Eye Both Eyes

Adequate with glasses? _____

H. Do you have current difficulties with hearing? Yes No

Right Ear Left Ear Both Ears

Adequate with hearing aides? _____

I. Do you have peripheral injuries (especially to arms, wrists, or hands) such that you cannot now move hands or fingers normally and/or feel normally with hands or fingers?

Yes No

If yes, please specify: _____

**NEUROPSYCHOLOGICAL EVALUATION HISTORY
ADULT FORM - PAGE FOUR**

D. Have you had these illnesses or brain surgery?

	YES	NO	WHEN
Brain Surgery (for _____)			
Brain Tumor Diagnosed			
Encephalitis			
Meningitis			
Multiple Sclerosis			
Parkinson's Disease			
Metallic Poisoning (arsenic, bismuth, lead, mercury, other)			
Solvent Exposure			
Pesticide Exposure			
Other Toxic Exposure			
Polio			
Syphilis (Neurosyphilis)			
Stroke			
Huntington's Chorea			
High Blood Pressure (treated? _____)			
Diabetes			
Arthritis (where? _____)			
Arteriosclerosis			
Coronary (heart) or Pulmonary (lung) Disease Please Specify:			
Hypoxia/Anoxia (lack of oxygen to the brain)			
Emphysema Diagnosis			
Anemia			
Systemic Lupus Erythematosus			
AIDS or other "autoimmune" disease Please Specify:			

E. Epilepsy? Yes _____ No _____

If yes, describe seizures: (type, frequency, duration, aura, age at time of first seizure)

When was last seizure? _____

**NEUROPSYCHOLOGICAL EVALUATION HISTORY
ADULT FORM - PAGE FIVE**

III. PSYCHOLOGICAL HISTORY

A. Mental Health Evaluations (with a counselor, social worker, psychiatrist, or psychologist)?

Yes No If Yes, when _____
Results _____

B. Mental Health Treatment or Hospitalization? Yes No
If yes, specify years, diagnosis and length of treatment: _____

C. Electric shock treatments? Yes No
If yes, specify how many in lifetime and when: _____

IV. ALCOHOL AND DRUG USE

A. Alcohol Use

1. a. Present use of alcohol Yes No
Regular use of alcohol Yes No
If yes, specify how many units (one unit = 1.5oz of liquor; 1 glass of wine; 1 beer, etc...) per what time period (day, week, month)

- b. During last year, maximum use per week _____ units
- c. During last year, number of binges (drinking or drunk most of the time for 4 consecutive days) _____
- d. When was your last drink? _____
2. Past use of alcohol? Yes No
- a. Problems because of drinking?
- | | | |
|-----------------------|-----|----|
| Job troubles | Yes | No |
| Family troubles | Yes | No |
| Health troubles | Yes | No |
| Injuries or accidents | Yes | No |
| Legal troubles | Yes | No |
| Drunk driving | Yes | No |
- b. Maximum use per week _____ units, during year of heaviest use (_____)
- c. Number of years of moderate or heavy drinking (i.e., consumed 3 or more units per day for one month in a row) _____ years
- d. Drinking began at what age? _____

**NEUROPSYCHOLOGICAL EVALUATION HISTORY
ADULT FORM - PAGE SIX**

B. Drug Use:

1. Medications being used now. Please list names and amounts being taken at this time. _____

2. Anti-anxiety medications. In the past. When? Length of Time? _____

3. Sleeping pills. In the past. When? Length of Time? _____

4. Antidepressants. In the past. When? Length of Time? _____

5. Anti-seizure medication. In the past. When? Length of Time? _____

6. Anti-psychotic medication ("major tranquilizers"). In the past. When? Length of Time? _____

6. Pain drugs. In the past. When? Length of Time? _____

8. Stimulants. In the past. When? Length of Time? _____

**NEUROPSYCHOLOGICAL EVALUATION HISTORY
ADULT FORM - PAGE SEVEN**

9. Hallucinogens/Stimulants.

a. Indicate which of the following drugs have been consumed 20 times or more in your life: Marijuana, LSD, Cocaine, "Crack", "Meth": _____

b. Begun at age _____.

c. Heaviest use was at age _____

d. Used regularly (i.e., 20 times/year) for _____ years.

10. Heroin or Opium.

If Heroin or Opium were ever used, please indicate When and the Length of Time.

11. Inhalants (gasoline, glue, "white-out", other solvents).

If inhalants were used, please indicate age of first use, duration of use, and frequency of use. _____

12. Other drugs which might affect mental functions.

Indicate other drugs taken. When? Length of Time? _____

V. EDUCATIONAL HISTORY

A. Last Grade You Completed: _____ High school _____ GED _____ College _____ Post Grad

Grades in high school _____

College Degree / Major _____

Grades in College _____

B. Did you find it difficult learning to read, write, spell, and/or do elementary math?

C. Which subjects were particularly difficult for you? _____

D. Did you have Special Ed or Tutoring for any subjects? _____

**NEUROPSYCHOLOGICAL EVALUATION HISTORY
ADULT FORM - PAGE EIGHT**

E. Parents' Education _____
Spouse's Education _____

VI. VOCATIONAL HISTORY

A. Currently employed? Yes _____ No _____ How long? _____
Job Description? _____

B. Parents' vocations? _____
Spouse's vocation? _____

C. Other means of income? _____

D. Previous Employment (prior ten years)

OCCUPATION	# YEARS	WHY CHANGED	PROBLEMS

VII. SOCIAL HISTORY

A. Current marital status? _____
Number and ages of children? _____
Number of times married? _____

B. Current living situation? (ie. at home with parents, brothers and sisters, with roommates, a spouse, significant other, extended family, etc.) _____

**NEUROPSYCHOLOGICAL EVALUATION HISTORY
ADULT FORM - PAGE NINE**

C. Do you have family, friends, other supportive people you do things with? _____

D. What do you do for fun? _____

E. Do you have problems with recreation since your illness? Yes No

F. Do you have a driver's license? Yes No

Do you drive? Yes No

Any type of driving you avoid? _____

G. Any moving vehicle accidents or tickets in last 3 years? _____

H. Have you ever been charged with felony? _____
