ADULT NEUROPSYCHOLOGICAL HISTORY

Patient Information

Patient's name		Today's date
Street		
City	State	Zip
Patient's telephone number Day ( )	Eves. ( )	
Patient's Social Security No.	Office Use:	

Age:	Birthdate: / /	 Circle the patient's Gender	 Circle the hand currently used for writing ☐ This hand preference is new
Ethnicity or Race:			
Religion:			
Primary Language:			
Second Language:			

Occupation: ☐ Not employed ☐ Disabled	
Education:	

Medical diagnosis	1
☐ None	2
☐ Unknown	3

Referral Information

Who referred the patient?	Dr. Mr. Ms.
From (Institution or Affiliation)	
Why was the patient referred?	
What specific questions would you like answered by this evaluation?	1
	2
	3

Respondent Information

Your name	Relationship to patient	
Street		
City	State	Zip
Day telephone	Evening telephone	

PROBLEM CHECKLIST

Report all problems that apply by checking the OLD or NEW problem box (complete the table below to indicate how you will use the OLD and NEW terms). Then rate the severity of any checked problem from 1 to 5 using the scale in each section. Compare the patient to people the same age. If a problem does not apply or you are unsure, leave the box empty.

OLD Check one box to indicate how you will use the OLD description	**NEW** Check one box to indicate how you will use the NEW description
☐ The problem existed **before** a recent illness or injury	☐ The problem began **after** a recent illness or injury
☐ The problem began **more than 1 year ago**	☐ The problem began **within the past year**

1 PROBLEM SOLVING

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	Patient has difficulty...
☐	☐		solving: ☐ problems s/he used to be able to do ☐ new or complicated problems
☐	☐		planning ahead or keeping sight of a goal
☐	☐		with 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 activity, or handling changes in routines (transitions)
☐	☐		Tends to make same error repeatedly (difficulty learning from experience)
☐	☐		Can talk about how to solve a problem but still can't do it
☐	☐		Other problem solving difficulties:

2 LANGUAGE

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	
☐	☐		Fluency: ☐ unable to speak much ☐ difficulty finding the right word to say ☐ 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 s/he reads
☐	☐		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:

The patient's best language skill is:

3 NONVERBAL SKILLS

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	
☐	☐		Difficulty with daily activities: ☐ hygiene ☐ housekeeping ☐ driving ☐ shopping ☐ bill-paying
☐	☐		Dressing can be confusing (not due to a physical difficulty)
☐	☐		Math difficulty (e.g., checkbook balancing, making change)
☐	☐		Drawings or construction projects are poorly done
☐	☐		Some single-step activities can be confusing (e.g., placing stamp on envelope)
☐	☐		Some multiple-step activities can be confusing (e.g., addressing envelope, placing stamp, sealing envelope)
☐	☐		Difficulty finding way around familiar places or getting lost easily
☐	☐		Difficulty recognizing or identifying: ☐ familiar objects ☐ familiar people
☐	☐		Confused about time of day, season, or year

☐ Nonverbal problems are helped a lot when patient talks his/her way through them

4 MEMORY

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	Frequently forgets...
☐	☐		where objects are placed (e.g., keys)
☐	☐		that appliances are on (e.g., stove)
☐	☐		☐ appointments ☐ to take medications ☐ to pay bills
☐	☐		names of people patient knows
☐	☐		☐ the activity patient was just doing ☐ plans made for the day ☐ what patient just read
☐	☐		destination (when driving or walking)
☐	☐		events that happened only minutes or hours ago (e.g., prior meal)
☐	☐		events that happened long ago (months or years)
☐	☐		how to perform an activity the patient used to know quite well
☐	☐		Other memory problems:

Giving hints: ☐ does *not* help patient to remember ☐ does help patient to remember

☐ Can often recognize something when can't recall it

☐ Despite memory problems patient can learn how to do new things

☐ Relying more and more on notes or asking others to help remember

☐ Claims to remember but tells untrue or very distorted stories

The patient's memory problems came on: ☐ quickly ☐ gradually

If memory problems are due to an accident, patient has difficulty recalling: ☐ events before the accident ☐ new events

The patient is best at remembering:

5 CONCENTRATION

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	
☐	☐		Concentration problems
☐	☐		Often loses train of thought when talking
☐	☐		Easily confused or distracted
☐	☐		Disoriented to surroundings (surprised at where s/he is)
☐	☐		Drowsy or falls asleep at odd times
☐	☐		Other concentration problems:

Patient concentrates best when:

6 MOTOR & COORDINATION

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

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

7 SENSORY

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate		Left side	Right side
☐	☐		Loss of feeling or numbness . . .	☐	☐
☐	☐		Tingling or strange skin sensations . . .	☐	☐
☐	☐		Difficulty determining hot from cold . . .	☐	☐
☐	☐		Problems seeing on one side . . .	☐	☐
☐	☐		Blank spots in vision . . .	☐	☐
☐	☐		Blurred or double vision		
☐	☐		Hard of hearing . . .	☐	☐
☐	☐		Food tastes bland or loss of smell		
☐	☐		Other sensory problems:		

☐ Patient wears glasses ☐ Patient uses a hearing aid

8 SELECT PHYSICAL PROBLEMS

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate		OLD	NEW	Rate	
☐	☐		Headaches	☐	☐		Urinary incontinence
☐	☐		Dizziness or fainting	☐	☐		Poor control of bowel
☐	☐		Nausea or vomiting	☐	☐		Chronic pain
☐	☐		Lacking in energy	☐	☐		Recent infection

9 BEHAVIOR & PERSONALITY

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate		OLD	NEW	Rate	
☐	☐		Aggressive or violent	☐	☐		Euphoria (feeling on top of the world)
☐	☐		Angrier or more irritable	☐	☐		Inappropriate behavior in social situations
☐	☐		Anxiety	☐	☐		Panic attacks
☐	☐		Automatic (no awareness) behavior	☐	☐		Phobia
☐	☐		Bizarre behavior	☐	☐		Silliness
☐	☐		Depression	☐	☐		Suspiciousness
☐	☐		Difficulty starting to do things	☐	☐		Stress
☐	☐		Disinhibited	☐	☐		Suicidal act
☐	☐		Doesn't seem to care about anything	☐	☐		Suicidal statement
☐	☐		Emotional (e.g., cries easily)	☐	☐		OTHER:
☐	☐		Sleep problem: ☐ difficulty falling asleep ☐ frequent or early awakenings ☐ 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				

Hallucinations: ☐ voices ☐ visions ☐ skin sensations

Unaware of: ☐ effect of own behavior on others ☐ own problems

☐ Patient's behavior or personality has changed significantly

10	Overall, most of the problems developed	☐ slowly	☐ <- in-between ->	☐ quickly
11	Most problems generally occur	☐ infrequently	☐ <- in-between ->	☐ often
12	In the past 6 months most of the problems	☐ improved	☐ are unchanged	☐ worsened
13	How much has everyday functioning been affected? . . .	☐ not at all	☐ somewhat	☐ greatly
14	How concerned is the patient about his/her condition? . .	☐ not at all	☐ somewhat	☐ greatly

EARLY HISTORY ☐ This information is unknown

15 The patient was born: ☐ Prematurely: _____ ☐ On time (38-42 weeks) ☐ Late: _____

16 Patient's birthweight: _____ Length: _____

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

☐ None of these apply	**Describe**
☐ Accident	
☐ Alcohol use	
☐ Cigarette smoking	
☐ Illness - pregnancy related (toxemia, diabetes, Rh incompatibility, high blood pressure, etc.)	
☐ Illness - other	
☐ Poor nutrition	
☐ Psychological problems or stress	
☐ Recreational drug use	
☐ Other	

18 List all the medications (prescribed and over-the-counter) the patient's mother took just before or during the pregnancy.

1	4
2	5
3	6

19 Check all medical problems associated with the patient's birth. ☐ None

☐ Oxygen deprivation (blue baby)	☐ Special equipment needed	☐ Baby was sick
☐ Seizures	☐ Especially long hospitalization for baby	☐ Mother was sick
☐ Other problems at birth:		
☐ Pre-natal (before birth) problems:		

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

	Early	**Average**	**Late**	**Unknown or cannot recall**
Walking alone:	☐	☐	☐	☐
Talking in short sentences:	☐	☐	☐	☐
Toilet-trained:	☐	☐	☐	☐
Overall development:	☐	☐	☐	☐
Compared to brothers/sisters:	☐	☐	☐	☐ No siblings

21 ☐ The patient originally was left-handed as a child and later switched to the right hand.

If checked, explain: _____

22 In school the patient had problems with: ☐ Reading (dyslexia) ☐ Spelling (severe) ☐ Arithmetic ☐ Inattention

Describe any other academic problems: _____

MEDICAL HISTORY

Childhood Medical History

23 Check all conditions present when the patient was under 18. ☐ Unknown ☐ None

☐ Allergies	☐ Epilepsy or seizures	☐ Metabolic disorder
☐ Asthma	☐ Fever 104° F/ 40° C or higher	☐ Muscle tightness or weakness
☐ Attention deficit disorder	☐ Head/brain injury	☐ Neuromuscular disease
☐ Brain infection or disease	☐ Hearing problem	☐ Oxygen deprivation
☐ Cancer	☐ Hyperactivity	☐ Polio
☐ Cerebral palsy	☐ Immune system disorder	☐ Psychiatric disorder
☐ Clumsiness	☐ Infectious disease	☐ Speech disorder
☐ Developmental delay	☐ Kidney disease	☐ Spina bifida
☐ Diabetes	☐ Learning disability	☐ Venereal disease
☐ Ear infections (many or severe)	☐ Lung (respiratory) disease	☐ Vision problem
☐ Encephalitis	☐ Malnutrition	☐ Whooping cough
☐ Endocrine disorder	☐ Meningitis	☐ Other
☐ Had a very bad reaction to a drug or treatment:		

24 ☐ The patient was born with a congenital disorder(s): _____

25 ☐ The patient has unusual physical traits: _____

26 ☐ The patient has a genetic disorder: _____

27 As a child, the patient:	Age	Describe
☐ had a serious head injury		
☐ had a serious accident (other than head injury)		
☐ may have been exposed to a harmful substance (e.g., lead, pesticides) or poisoned.		

28 List important medications or treatments (other than for common problems) given to the patient as a child. ☐ None

Medication or treatment	Reason

Adult Medical History

29 Check all that currently or recently (within the past year) apply. ☐ No known medical problems

☐ Alcohol abuse or alcohol addiction	☐ Heart disease or defect	☐ Metabolic disorder
☐ Allergies or asthma	☐ Huntington's disease	☐ Multiple sclerosis
☐ AIDS, ARC, or HIV+	☐ Hypertension	☐ Neuromuscular disease
☐ Arteriosclerosis (artery disease)	☐ Immune disorder (lupus, etc.)	☐ Parkinson's disease
☐ Arthritis	☐ Infection (serious)	☐ Polio
☐ Blood or blood vessel disease	☐ Infectious disease	☐ Psychiatric disorder
☐ Brain disease, infection or injury	☐ Kidney disease	☐ Senility (dementia)
☐ Diabetes	☐ Liver disease	☐ Sleep disorder
☐ Encephalitis	☐ Lung disease	☐ Stroke or TIA
☐ Endocrine disorder	☐ Malnutrition	☐ Thyroid disease
☐ Hazardous substance exposure	☐ Meningitis	☐ Venereal disease
Other:		

30 Within the past few years, the patient had: ☐ serious auto accident ☐ surgery ☐ drug overdose

If checked, explain: _____

_____

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

Total number of medications taken now: **Prescription** _____ **Non-prescription** _____

Medication	Dose	How many times a day

32 List all major medical treatments the patient has received (radiation, chemotherapy, etc.). Check the box if the patient is receiving the treatment now. Use another page if necessary.

☐	☐
☐	☐

33 ☐ The patient has epilepsy or has had a seizure. *If checked, indicate the epilepsy type below.*

Partial:	☐ Simple partial	☐ Complex partial (with unconsciousness)	☐ Partial evolving into generalized			
Generalized:	☐ Absence (Petit mal)	☐ Myoclonic	☐ Clonic	☐ Tonic	☐ Tonic-clonic (Grand mal)	☐ Atonic
Other:	☐ Unclassified type	☐ Febrile (fever) seizure	☐ Had a 30 min seizure	☐ Seizure from unknown cause		

Describe any physical symptoms:	
Describe any behavioral symptoms:	
Diagnosed with epilepsy at age:	How often do seizures occur:
About how many total seizures has the patient had:	Last seizure occurred:
How many seizure medications is the patient on now:	How many medications have been tried:

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

Date	Reason for hospitalization

FAMILY

Childhood Family

35 The patient was raised by:		Age placed	Circumstances of placement
☐ Biological mother	☐ Adoptive parents...		
☐ Biological father	☐ Foster parents...		
☐ Biological relatives	☐ Institutional care...		
☐ Others:			

36 **Father and Mother:** Describe the patient's biological parents in the following table. If the biological parents are unknown, describe the adults who raised the patient.

	Mother	Father
Full name of parent:	age	age
Relationship:	☐ Biological ☐ Adoptive ☐ Stepmother ☐ Foster	☐ Biological ☐ Adoptive ☐ Stepfather ☐ Foster
Education (years or degree):		
Occupation (current or previous)		
Major health problems:		
Hobbies:		
Lived at home most of the time when patient grew up?	☐ Yes ☐ No: If no, explain	☐ Yes ☐ No: If no, explain

37 **Patient, Brothers and Sisters:** Write their current age and then **P** for Patient, **B** for Brother, and **S** for Sister (example: "35S" is a 35 year-old sister). Put them in order of age starting with the oldest. If deceased, add "D" after age of death.

	1	2	3	4	5	6	7	8	9	10
Patient = P Brother = B Sister = S										

38 What languages were spoken at home when the patient was a child?

1) _____ (_____ % of the time)

2) _____ (_____ % of the time)

Current Family

39 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)								Other people living in the home (relatives, friends)
		1	2	3	4	5	6	7	8	
Age & Sex:										

40 Check all conditions occurring in **biological** family members and indicate the relationship (mother, father, brother, sister, grandparent, aunt or uncle). For grandparents, aunts and uncles check the side of the family.

☐ Biological family is unknown and this information is unavailable.

NEUROLOGIC DISEASE	Relative(s) (Parents, Siblings, Grandparents, Aunts/Uncles)	Side of Family
☐ Alzheimer's disease or senility		☐ Mother ☐ Father
☐ Epilepsy or seizures		☐ Mother ☐ Father
☐ Multiple sclerosis		☐ Mother ☐ Father
☐ Neuromuscular disease		☐ Mother ☐ Father
☐ Parkinson's disease		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father

PSYCHIATRIC DISORDER	Relative(s) (Parents, Siblings, Grandparents, Aunts/Uncles)	Side of Family
☐ Alcoholism		☐ Mother ☐ Father
☐ Bipolar illness (manic-depression)		☐ Mother ☐ Father
☐ Depression		☐ Mother ☐ Father
☐ Personality disorder		☐ Mother ☐ Father
☐ Schizophrenia		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father

LANGUAGE & SCHOOL	Relative(s) (Parents, Siblings, Grandparents, Aunts/Uncles)	Side of Family
☐ Speech or language disorder		☐ Mother ☐ Father
☐ Learning disability		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father

OTHER	Relative(s) (Parents, Siblings, Grandparents, Aunts/Uncles)	Side of Family
☐ Genetic disorder		☐ Mother ☐ Father
☐ Left-handedness		☐ Mother ☐ Father
☐ Mental retardation		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father
☐ Other:		☐ Mother ☐ Father

PERSONAL HISTORY

MARITAL

41 Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Living with someone

42 Spouse or Partner's name:

43 Length of time married or living with current spouse/partner: | Number of times married:

44 Spouse/Partner's occupation:

45 Spouse/Partner's health: ☐ Good ☐ Poor:

EDUCATION

46 Highest grade or degree:

47 Typical grades: ☐ A/90 ☐ B/80 ☐ C/70 ☐ D/60 ☐ F

48 Best school subject: | Weakest subject:

49 ☐ Repeated a grade:
☐ Remedial class or received services for academic problem:

50 ☐ Skipped a grade:
☐ Advanced class:

51 ☐ Dropped out of school at age/grade: Reason:

EMPLOYMENT

☐ Currently not employed Number of employments in past 10 years: _____

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

Job title	Responsibilities	Time employed

53 ☐ Patient has been exposed to toxic, hazardous or other dangerous or unusual substances on a job (lead, mercury, radiation, pesticides, chemicals, etc.). *If checked, explain:*

MILITARY

☐ Did not serve ☐ Currently serving

54 Branch: Discharge rank:

55 Type of discharge:

56 Major military duties:

57 ☐ Patient sustained physical or psychological injuries in the military.
If checked, explain:

58 ☐ Patient was exposed to dangerous or unusual substances during military service (e.g., Agent Orange, radiation).
If checked, explain:

RECREATION

59 List four types of recreation (sports, TV, hobbies, etc.) the patient enjoys.

1	3
2	4

LEGAL

60 ☐ The patient has been arrested:

61 ☐ There is legal action concerning the patient:

SUBSTANCE USE

ALCOHOL

62	Alcohol use: ☐ rarely or never ☐ 1-2 days/week ☐ 3-6 days/week ☐ daily ☐ binge
63	☐ Patient used to drink but has stopped Date stopped (month and year):
64	Patient started usual drinking pattern at age:
65	Preferred type of drink(s):
66	Usual number of drinks consumed at each sitting:
67	Last drink was: ☐ less than 24 hours ☐ 1 to 2 days ago ☐ over 2 days ago
68	The patient... ☐ can drink more than most people who are the same age and size before getting drunk ☐ sometimes loses consciousness (blacks-out) after drinking ☐ sometimes gets into trouble after drinking (check all that apply): ☐ fights ☐ legal difficulty ☐ problems at work ☐ family conflicts ☐ accidents
69	☐ Patient has been diagnosed with Wernicke-Korsakoff disease
70	☐ There is a history of alcoholism or heavy drinking in the patient's biological family

DRUGS

71 Check drugs the patient is using now or used previously, and describe how the drug was used (amount, frequency, etc).

Drug	Using NOW	Used IN PAST	Pattern of use
Amphetamines (stimulants)	☐	☐	
Barbiturates (downers, sedatives)	☐	☐	
Cocaine or Crack	☐	☐	
Designer drug	☐	☐	
Hallucinogens (LSD, Acid, STP, etc.)	☐	☐	
Inhalants (glue, nitrous oxide, etc.)	☐	☐	
Marijuana	☐	☐	
Opioids (Heroin, etc.)	☐	☐	
PCP ("Angel dust")	☐	☐	
Other:	☐	☐	

72 The patient...	Explain
☐ has been in drug or alcohol treatment	
☐ has gone through drug withdrawal	
☐ has used I.V. drugs	
☐ had a drug overdose	
☐ is dependent on or abused a prescription drug	

MEDICAL TESTING

73 Check all the medical tests that have recently been done and briefly note the findings.

☐ No tests have been done	Latest test date	✓ If test done more than once	Test findings
☐ Blood work	/ /	☐	
☐ CT scan	/ /	☐	
☐ EEG	/ /	☐	
☐ Genetic testing	/ /	☐	
☐ Lumbar puncture or spinal tap	/ /	☐	
☐ MRI	/ /	☐	
☐ Neurologist's exam	/ /	☐	
☐ PET scan	/ /	☐	
☐ Ultrasound	/ /	☐	
☐ SPECT	/ /	☐	
☐ X-ray	/ /	☐	
☐ other	/ /	☐	

74 Physician who is familiar with the patient:

Name		
Street		
City	State	Zip
Telephone:		

Date of patient's last medical check-up: _____

Findings of the check-up: _____

75 Psychologist who knows the patient:

Name		
Street		
City	State	Zip
Telephone:		

☐ Patient currently is in psychotherapy ☐ Patient previously was in psychotherapy

☐ The patient had a prior psychological or neuropsychological evaluation Date of evaluation: _____

Main findings: _____

COMMENTS

76 Please add any helpful information that was not covered elsewhere in the questionnaire.

_____

_____

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