

# ADULT NEUROBEHAVIORAL HISTORY<sup>®</sup>



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<b>PATIENT</b>		Birth Date	Age
Name (First, MI, Last)		Degree	
Address		Apt	
Email			
Gender	Height	Weight	
Writing hand:	Right	Left	Other hand was initially used for writing

## RESPONDENT

Date form completed	Name of person completing form
Relationship to patient	If not the patient, rate your familiarity with the patient

## REFERRAL INFORMATION

Name of Person or Agency referring patient			
Reason for referral to this office	Testing	Therapy	Other reason
Legal issues associated with this referral			
List the concerns relating to this referral			

CONTACT PERSON	
Name	
Relationship to patient	
Contact information <u>Preferred</u>	
Home phone	
Work phone	
Email	
Who is legally responsible for the patient? Patient is responsible for self	
Other person (Name)	
Legal arrangement	
LIVING ARRANGEMENT	
House	Condo Apt
55 + Comm.	Continuing Care Comm.
Assisted Living	Nursing Home
Farm	Trailer or Mobile home
Group Home	Institutional setting
Homeless	Shelter
PATIENT LIVES WITH (check all that apply)	
Spouse	Fiancé or significant other
Children	
Mother	Father Siblings
Friend(s)	Roommate
Alone	Unrelated individual(s)
Other:	

EDUCATION	
Current Full time student	Part time student
Highest level of Ed	
College name	
Graduate school	
Field of study	
Academic issues	Learning dis. AD/HD
BACKGROUND	
Country of Birth	
Race/Ethnicity	
Religion	
Languages Spoken	
RELATIONSHIP STATUS	
Married	Years currently married
Separated	Divorced Widowed
Single	Lives with Partner (unmarried)
Number of marriages	
Number of children	Biological: Other:
Spouse/Partner Name	
Age	
Occupation Current or prior	
Partner Health Status	Good Poor

EMPLOYMENT HISTORY	
Occupation Current or prior	
<u>Current Work Status</u>	
Full time job	Part time job(s)
Unemployed	Never able to work
On Disability	Applying for Disability
On Workers Comp	Looking for work
Retired	
Year retired:	
<u>Current or Last Employment</u>	
Employer	
Job title	
Job duties	
Time on job	
<u>Prior two jobs</u>	Time on job
1	
2	
MILITARY HISTORY	
Did not serve	Serving now Served in past
Branch	Rank
Duties	
Years served	
Military injuries (describe below)	

PRIMARY CARE PHYSICIAN	None
Name	
Address	
Last physical exam date	

OTHER PROFESSIONALS PROVIDING CARE	None
Name	Specialty

MEDICAL AND MENTAL HEALTH DIAGNOSES	None	Year Diagnosed	Treating Doctor or Clinic
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Use additional sheet for other diagnoses

MEDICATIONS	None	Dose	Times per day	Condition used for	Date Started	Side Effects
Prescription, Non-prescription, Herbal						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Use additional sheet for other medications

Medications discontinued in past year

List discontinued meds

Drug allergies No Known Drug Allergies

List allergies

History of prescription drug abuse

Describe

Food allergies

List food allergies

MENTAL HEALTH CARE	None	When Treated	Reason for Treatment	Provider or Clinic
Psychiatrist				
Psychologist				
Other Therapist/Counselor				
Psychiatric Hospitalization				
Drug or Alcohol Rehab				

CURRENT LIFE STRESSORS	
Marital or Relationship	
Work	Financial
Health	Trauma/Abuse
School	Legal
Interpersonal	Other

SUBSTANCE USE	Never	Past Use	Using	Others concerned about patient use
Alcohol			Several times per week 5+ drinks on occasion	History of alcohol abuse
Tobacco			Current Packs/day: less than 1 1 2 3 3+	Years smoking:
Recreational Drugs			Using List drugs	
Anabolic Steroids			Using How long?	

LEGAL HISTORY	No history of criminal charges or incarceration	History of criminal conviction	Has been incarcerated

**Neurologic**

Aphasia / Speech or Language Disorder  
 Brain Injury Concussion(s)  
 Cerebral aneurysm  
 Coma Loss of consciousness  
 Dizziness  
 Encephalitis Meningitis  
 Epilepsy or Seizure  
 Fainting (Syncope) Room spinning (Vertigo)  
 Headache Type:  
 Hypoxia (loss of oxygen to the brain)  
 Infection of brain  
 Intellectual or Developmental Disability  
 Muscle control or movement problem  
 Numbness / Loss of feeling  
 Paralysis  
 Spinal Cord Injury  
 Stroke (CVA, Brain bleed) Transient Ischemic Attack (TIA)  
 Tumor of brain Tumor of spinal cord

**Cardio-vascular**

Arteriosclerosis, carotid stenosis  
 Bleeding or bruising easily  
 Blood disorder (anemia, hemophilia, sickle cell, etc.)  
 Heart attack Abnormal rhythm CHF CAD  
 High blood pressure Low blood pressure  
 High cholesterol or triglycerides  
 Peripheral vascular disease

**Gastro-intestinal**

Bowel incontinence  
 Irritable bowel syndrome  
 Liver disease  
 Malnutrition Dehydration  
 Nausea or vomiting

**Genital-urinary**

Bladder Incontinence  
 Kidney disorder  
 Urinary Tract Infection: current recent often

**Muscular-skeletal**

Amputation  
 Arthritis  
 Degenerative joint disease Joint or skeletal abnormality  
 Falls (frequent or unexplained)  
 Fracture (current or recent)  
 Muscle tic or odd muscle movements  
 Polio Post-polio syndrome

**Dermatology**

Rash, discoloration, itch, swelling, tenderness, or lump

**Genetic Disorder**

Specify

**Metabolic Disorder**

Specify

**Cancer**

Type  
 Treatments: Chemo Radiation Surgery

**Rheumatology**

Fibromyalgia Rheumatoid Arthritis Lupus

**Serious Injuries, Surgeries or Hospitalizations**

Describe:

**Adaptive Aids**

Eyeglasses for close work Eyeglasses for distance  
 Left ear hearing aid Right ear hearing aid  
 Cane Walker Wheelchair Scooter  
 Prosthesis

**Head, Ears, Eyes, Nose, Throat**

Abnormality of head, ears, eyes, nose or throat  
 Ear infections (severe or frequent when young)  
 Hearing loss. Inner ear disorder  
 Cataracts Glaucoma Macular degeneration  
 Eye movement disorder  
 Vision change recently  
 Change in ability to smell or taste  
 Neck stiffness, pain or lump  
 Swallowing difficulty

**Respiratory**

Asthma  
 Chronic Obstructive Pulmonary Disease (COPD):

**Endocrine**

Diabetes Insulin-dependent Diabetes Non-insulin dependent  
 Gland disorder: Pituitary Adrenal Pineal  
 Hypothyroid Hyperthyroid

**Infection / Immune System**

Autoimmune disease:  
 AIDS HIV+  
 Fungal Lyme disease Parasitic infection STD  
 Allergies  
 COVID-19

**Sleep and Appetite**

Difficulty falling asleep Middle of night or early awakenings  
 Excessive Sleep Excessive daytime sleepiness  
 Limb movements at night affect sleep  
 Narcolepsy or sleep attacks during day  
 Acts out dreams at night  
 Sleep apnea Severe snoring and disrupted breathing  
 Appetite loss Appetite increase  
 Large weight loss Large weight gain

**Mental Health**

Abuse: Physical Sexual Psychological/Verbal  
 Addiction  
 Anxiety disorder Panic attacks Phobia  
 Attention-Deficit/Hyperactivity Disorder  
 Autism, Asperger's or Pervasive Developmental Disorder  
 Bipolar disorder (Manic-depression)  
 Depression  
 Eating disorder  
 Hallucinations  
 Impulse control problem (gambling, sex, shopping, eating)  
 Obsessive-compulsive behaviors  
 Personality disorder  
 Posttraumatic Stress Disorder Trauma exposure  
 Schizophrenia Schizoaffective  
 Suicide attempt  
 Tourette's

**Other / Constitutional**

Chronic fatigue  
 Chronic pain  
 Cold intolerance Heat intolerance  
 Dietary restrictions  
 Toxic substance exposure  
 Travel outside the country in past 3 months

**Activities of Daily Living Concerns**

Self-care (hygiene, dressing, healthcare, toileting)  
 Feeding self /Meal management / Nutrition  
 Safety Awareness  
 Home or personal area management (cleanliness, organization)  
 Financial management  
 Shopping, making appropriate purchases or knowing what is needed  
 Medication management  
 Community and social involvement  
 Driving concerns

FAMILY				Age	Deceased	Education Level	Occupation	Major Medical or Mental Health Problems		
Mother										
Father										
Siblings	None	Sex	Age	Deceased	Education Level	Occupation	Major Medical or Mental Health Problems			
1	Full ½ Step									
2	Full ½ Step									
3	Full ½ Step									
4	Full ½ Step									
5	Full ½ Step									
6	Full ½ Step									
7	Full ½ Step									

Childhood family economic background	Poverty	Lower socioeconomic but not poverty	Middle class	Affluent, Well off
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Biological Family Medical History		Unknown	Mother	Mother's Mother	Mother's Father	Father	Father's Mother	Father's Father	Patient's Sibling(s)	Child of Patient	Aunts, Uncles, Cousins
Neurologic	Dementia (Alzheimer's, Senility)										
	Epilepsy or Seizures										
	Movement Disorder (e.g., Parkinson's, Huntington's)										
	Multiple Sclerosis										
	Tumor of brain or spine										
	Stroke (CVA)										
Mental Health	Anxiety, Panic Disorder or OCD										
	Autism, Asperger's or PDD										
	Bipolar Disorder (Manic-Depression)										
	Depression										
	Personality Disorder										
	Schizophrenia or Schizoaffective										
	Substance Abuse (Alcohol or Drugs)										
	Suicide or Suicide Attempt										
School	Attention Deficit/Hyperactivity Disorder										
	Intellectual or Developmental Disability										
	Learning Disability										
Other	Genetic Disorder										
	Left-handed										
	Other unusual medical problem										

CHILDHOOD			
Birth wt.	Born on due date	Premature	After due date
Problems with mother's pregnancy		<u>Describe</u>	
Patient was raised by:	Biologic parents Adoptive parents Foster parents Institutional Care	<u>Comments</u>	

ACADEMIC HISTORY			
ACADEMIC SKILLS	Strong	Average	Weak
Reading .....			
Spelling or Writing .....			
Math .....			
Paying attention .....			
Behavioral control .....			
Resisting distractions .....			
Social skills .....			
ACADEMIC ASSISTANCE	Special education	Behavioral Counseling	
	Academic Accommodations:		
DIAGNOSES	Learning Disability	AD/HD (diagnosed)	AD/HD (suspected)
	Conduct disorder		
ACADEMIC HONORS	Advanced classes	Academic honors	

- Childhood Problems (Check all that apply)
- BIRTH Injury, congenital defect or illness at birth
  - DEVELOPMENT Problems developing walking, motor skills or speech
  - TEMPERAMENT Over- or underactive, withdrawn, not social, negative mood
  - HEALTH Significant childhood medical problems
  - FAMILY Family dysfunction, problems or trauma
  - SOCIAL Making or keeping friends