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| --- | --- | --- | --- | --- | --- | --- |
| **ADULT**  **NEUROBEHAVIORAL**  **HISTORY**© PRT  © PRT All Rights Reserved  8.15.2022 version  www.PRTpublishing.com | **Patient** | | **Birth Date** |  | **Age** |  |
|  | **Name** (First, MI, Last) |  | | | **Degree** |  |
|  | **Address** |  | | | **Apt** |  |
|  | **Email** |  | | | | |
|  | **Gender** |  | **Height** |  | **Weight** |  |
|  | **Writing hand** | Right  Left Other hand was originally used for writing  Uses different hand for other activities | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | |  | **Education** | | | | | |  | **Employment History** | | | | | |
| **Name** |  | | | | | Current:  Full time student  Part time student | | | | | | **Occupation**  Current or prior | |  | | | |
| **Relationship to patient** | | | |  | | **Highest level of Ed** | |  | | | | **Current Work Status**  Full time job  Part time job(s)  Unemployed  Never able to work  On Disability  Applying for Disability  On Workers Comp  Other  Retired | | | | | |
| **Contact information** | | | | **Preferred** | | **College name** | |  | | | |
| **Home phone** | |  | | |  | **Graduate school** | |  | | | |
| **Work phone** | |  | | |  | **Field of study** | |  | | | |
| **Email** | |  | | | | **Academic issues** | | Learning dis.  AD/HD | | | |
| **Who is legally responsible for the patient?**  Patient is responsible for self | | | | | | **BACKGROUND** | | | | | | **Retired date**  **and reason:** | | |  | | |
| **Country of Birth** | |  | | | | **Current or Last Employment** | | | | | |
| **Other** (Name) | |  | | | | **Race/Ethnicity** | |  | | | | **Employer** | | |  | | |
| **Legal arrangement** | | |  | | | **Religion** | |  | | | | **Job Title** | | |  | | |
| **Living Arrangement** | | | | | | **Languages Spoken** | |  | | | | **Job duties** | | |  | | |
| House  Condo  Apt  Farm  Trailer or Mobile home  55 + Comm.  Continuing Care Comm.  Assisted Living  Nursing Home  Group Home  Institutional setting  Homeless  Shelter | | | | | | **RELATIONSHIP STATUS** | | | | | | **Time on job** | | |  | | |
| Married | Years currently married | | | |  | **Prior two jobs Time on job** | | | | | |
| Separated  Divorced  Widowed  Single  Lives with Partner (unmarried) | | | | | | 1 |  | | | |  |
| 2 |  | | | |  |
| **Number of marriages** | | |  | | | **MILITARY History** | | | | | |
| **Patient lives with** (check all that apply) | | | | | | **Number of children** | | | **Biological** |  | | Did not serve  Serving now  Served in past | | | | | |
| Spouse  Fiancé  Children  Mother  Father  Siblings  Friend(s)  Roommate  Alone  Unrelated individual(s)  Other: | | | | | | **Other** |  | | **Branch** | | |  | **Rank** |  |
| **Spouse / Partner Name** | | |  | | | **Duties** | | |  | | |
| **Age** | | |  | | | **Years served** | | |  | | |
| **Occupation** (current or prior) | | |  | | | **Military injuries (describe below)** | | | | | |
| **Health Status** | | | : | | |  | | | | | |

**Primary Care Physician**  None **other Professionals Providing care**

Name / Affiliation Specialty

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  |  |  |
| **Address** |  |  |  |  |
| **Last physical exam date** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical and Mental Health Diagnoses**  None | | **Year Diagnosed** | **Treating Doctor or Clinic** |
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**Use additional sheet for other diagnoses**

**Medications**  None

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prescription, Over-The-Counter, Herbal** | | **Dose** | **Times per day** | **Condition used for** | **Date Started** | **Side Effects** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

**Use additional sheet for other medications**

|  |  |  |
| --- | --- | --- |
| Drugs discontinued in past year: | **List** |  |
| Drug allergies  No Known Drug Allergies | **List** |  |
| History of prescription drug dependence or abuse | **Describe** |  |

**Mental Health CARE**  **When Treated Reason for Treatment Provider or Clinic CURRENT LIFE STRESSORS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Psychiatrist |  |  |  |  | Home  Marital  Work  Financial  Health  Trauma/Abuse  School  Relationship  Legal  Other |
| Psychologist |  |  |  |
| Other Therapist/Counselor |  |  |  |
| Psychiatric Hospitalization |  |  |  |
| Drug or Alcohol Rehab |  |  |  |

**No history of mental health care**

**Others concerned**

**Substance Use Never Past Use Using about patient use**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Alcohol** |  |  | Several times per week | | 5+ drinks on occasion | History of 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**  No history of criminal charges or incarceration

There is a history of  Criminal charges  Incarceration

|  |  |  |  |
| --- | --- | --- | --- |
| **Review of Systems and Daily Functioning Check all current or prior conditions and write the age or year diagnosed** | | | |
| **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  Tingling sensation  Paralysis  Spinal Cord Injury  Stroke (CVA, cerebral hemorrhage)  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  High triglycerides  Peripheral vascular disease  **Gastro-intestinal**  Bowel incontinence  Change in bowel habits or stool  Irritable bowel syndrome  Liver disease  Malnutrition  Dehydration  Nausea or vomiting  **Genital-urinary**  Bladder Incontinence  Change in bowel habits or stool  Kidney disorder  Reproductive disorder  Urinary Tract Infection  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: | **Age or Year** | **Head, Ears, Eyes, Nose, Throat**  Abnormality of head, ears, eyes, nose or throat  Ear infections (severe or frequent when young)  Loss of hearing  Cataracts  Glaucoma  Macular degeneration  Eye movement disorder  Vision changes recently  Change in ability to smell or taste  Neck stiffness, pain or lump  Swallowing difficulty  **Respiratory**  Chronic Obstructive Pulmonary Disease (COPD)  Other:  **Endocrine**  Diabetes Insulin-dependent  Diabetes Non-insulin dep.  Gland disorder:  Pituitary  Adrenal  Pineal  Hypothyroid  Hyperthyroid  **Infection / Immune System**  Autoimmune disease:  AIDS  HIV+  Fungal  Lyme disease  Parasitic infection  STD  Allergies  COVID-19  Recent infection:  **Sleep and Appetite**  Difficulty falling asleep  Early awakening / Returning to sleep  Excessive sleep  Excessive daytime sleepiness  Acts out dreams at night  Narcolepsy or sleep attacks during day  Sleep apnea  Severe snoring with disrupted breathing  Loss of appetite  Increased appetite  **Mental Health**  Abuse:  Physical  Sexual  Psychological/Verbal  Neglect  Addiction  Anxiety disorder  Panic attacks  Phobia  Attention-Deficit/Hyperactivity  Autism, Asperger’s, 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 disorder  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  Housework (laundry, cleaning home, washing dishes)  Financial management  Shopping, making appropriate purchases  Medication management  Community and social involvement  Driving concerns: | **Age or Year** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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**  Extreme poverty  Lower socioeconomic but not poverty  Middle class  Affluent, Upper class | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 ACADEMIC HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birth weight** |  | Born on due date  Premature  After due date |  | **Academic Skills** **Strong Average Weak**  Reading  Spelling or Writing  Math  Paying attention  Behavioral control  Resisting distractions  Social skills………………………………………… |
| There were problems  with mother’s pregnancy  or patient birth | | **Describe**: |
| **Patient was raised by:** | Biologic parents **Comments**  Adoptive parents  Foster parents  Institutional Care | |
| **Childhood Problems** (Check all that apply)  **Birth** Injury, congenital defect or illness at birth  **Development** Problems developing walking, talking or motor skills  **Temperament** Over- or underactive, withdrawn, not social, negative mood  **Health** Significant childhood medical problems  **Family** Family dysfunction  **Social** Making or keeping friends  No above issues  Describe issues: | | | **Special Academic Help**  Special education  Counseling  Tutoring  Academic Accommodations:  **Diagnoses**  Learning Disability  AD/HD (diagnosed)  AD/HD (Suspected)  **Academic Honors**  Advanced classes  Academic honors |