

Cape Cod Neuropsychology, LLC

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ADULT NEUROPSYCHOLOGICAL HISTORY

Name: _____ Age: _____ Date of Birth: _____ M/F: _____

Race: _____ Marital Status: _____

Referring Clinician: _____ Phone Number: _____

Other Clinician: _____ Phone Number: _____

Reason for Referral (List concerns, questions you want answered) : _____

Education: _____ years completed College/Graduate School: _____

Native Language: _____

Employment History: _____

Handedness: Writing Hand _____ Handedness (family): Parents: _____

Parents Education and Occupation: _____

All Medications and dosages:

(1) _____

(2) _____

(3) _____

(4) _____

Diagnosis:

(1) _____

(2) _____

(3) _____

(4) _____

A. FAMILY HISTORY:

Family psychiatric disorder (Parents, Sibs, Grandparents) _____

Family Neurological History: (Alzheimers, Dyslexia, Strokes, Stuttering, Retardation, etc): _____

Family Medical History: (Diabetes, Autoimmune Disorders, Heart Disease, etc): _____

Pregnancy and Birth Complications: (parents/siblings) _____

Family history of alcohol/drug abuse (did mother drink or use drugs during pregnancy): _____

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B. PSYCHIATRIC HISTORY:

Ever in counseling or psychotherapy? _____

For what problems and how long? _____

Ever hospitalized and how long? _____

Admission date: _____

How many previous hospitalizations? _____

Date of first psychiatric treatment _____

(A) first psychiatric hospitalization data (description of behavior): _____

(B) previous diagnosis if different from current diagnosis: _____

Is there history of Psychological Trauma (such as abuse, exposure to violence, assault), and if so, at what age: _____

C. NEUROLOGICAL HISTORY:

1. Past history of neurological disease (i.e. meningitis or other infections of the brain, seizures, headaches, blurred vision, sleep disorder, etc): _____

2. Past history of neurological damage (i.e. head trauma, loss of consciousness

(a) If there was trauma, was there loss of consciousness? _____

(b) Duration of unconsciousness: _____

(c) Behavior changes (if any) after head injury: _____

(d) Were you hospitalized or treated by anyone? (list hospitals) _____

3. Past history of alcohol or substance use (how much, how long, what kind, in the past and up to present)

D. OTHER MEDICAL CONDITIONS: (Any chronic medical illness, i.e. asthma, diabetes, hyperthyroidism, hypothyroidism, allergies) _____

Ever been hospitalized? _____

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E. NEUROLOGICAL WORK-UP:

- Results: _____
1. Neuro Exam (date): _____
 2. EEG (date): _____
 3. CT Scan (date): _____
 4. MRI (date): _____
 5. Other: _____

F. NEURODEVELOPMENTAL HISTORY:

1. Ever in a special school? _____ Which one? _____
2. Special classes or special help? (tutoring, resource room) _____
3. What age did you finish school? _____
4. Ever repeat a grade in school? _____
5. Any history of learning disability?
 - (a) Reading or spelling difficulties or dyslexia? _____
 - (b) Math difficulties? _____
 - (c) Perceptual-motor handicaps? _____
 - (d) Stuttering? _____
 - (e) Delayed speech? _____
 - (f) Suffer from ear infections in childhood? _____
 - (g) Hyperactivity? _____
 - (j) Did you make friends easily in childhood? _____
 - (k) Experience conduct difficulties? Problems with the law? _____
6. Best and worse school subjects: _____
7. Previous standardized test scores (SAT, etc): _____
8. Previous psychological evaluations and medications (if available): _____

10. Talents? _____
 - Sports _____
 - Music _____
 - Arts _____
 - Mathematical _____
 - Writer/Poetry _____
 - Dance _____