



Division of Behavioral Medicine
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ADULT NEUROPSYCHOLOGICAL INTAKE EXAM

BASIC DEMOGRAPHICS

NAME: _____ DATE: _____

Start time: _____ Stop time: _____ Hours: _____

REFERRAL SOURCE: _____

EXAM TYPE: Forensic Civil ___ Forensic Criminal ___ Worker's Comp ___ Disability ___
Competency ___ Medical ___ Other _____

Tentative Dxs: 1) _____ 2) _____ 3) _____

REASON FOR REFERRAL: _____

Age: _____ DOB: ____/____/____ Handedness: R ___ L ___ Mixed ___

Occupation: _____ Date last worked or disabled: ____/____/____

Onset of injury or illness: ____/____/____ First injury? N ___ Y ___ Date: ____/____/____

Describe: _____

Education: Number of years _____ College or Tech school: _____

Military history: N ___ Y ___ Legal History: N ___ Y ___

Race: Afro-American ___ Asian ___ American Indian ___ White ___ Hispanic ___ Other _____

Marital Status: S ___ M ___ Div ___ Sep ___ Wid ___ Other _____

Involved in Litigation: N ___ Y ___ Attorney name & phone number: _____

Notes: _____

INFORMED CONSENT OBTAINED? N ___ Y ___ If no, reason: _____

PATIENT'S CHIEF COMPLAINTS? _____

ACCIDENT/ILLNESS HISTORY: _____

CURRENT TREATMENT & TREATING PROFESSIONALS (who, what, when started, effectiveness)

CURRENT MEDICATIONS (what, dosage, frequency, when started, effectiveness)

PAST MEDICAL HISTORY (check where applicable)

Arthritis	_____	Falls	_____
Blackouts	_____	Hearing Deficits	_____
Blood Disorder	_____	Hypertension	_____
Brain Injury	_____	Hypoxia	_____
Cancer	_____	Lung Disease	_____
Cardiac Disease	_____	Motor Deficits	_____
CVA	_____	Renal Disease	_____
Diabetes	_____	Thyroid Disease	_____
Epilepsy	_____	Visual Deficits	_____
No previous illnesses	_____	Other (describe)	_____

PAST SURGERIES: _____

PRIOR DIAGNOSTIC TESTING (check where applicable)

MRI	_____	Date	_____	Results	_____
EEG	_____	Date	_____	Results	_____
Labs	_____	Date	_____	Results	_____

PAST PSYCH HISTORY

Psych outpatient tx: N___ Y___ # times:_____ Diagnosis:_____

Psych inpatient tx: N___ Y___ # times:_____ Diagnosis:_____

Family psych hx: N___ Y___ Describe: _____

ETOH/SUBSTANCE ABUSE HISTORY

Alcohol use: N___ Y___ Average # drinks per week _____ # of times DUI/DWI _____

Treatment: _____

Substance abuse: N___ Y___ Type, frequency, main choice, last used _____

Caffeine intake: N___ Y___ Type/amount _____

Smoking: N___ Y___ Amount _____ If quit, when? ____/____/____

Neurotoxin exposure: N___ Y___ Type & date: _____

PAIN ASSESSMENT

Headaches: N ___ Y ___ Location _____
Frequency: _____ Intensity (0 to 10) _____
What triggers? _____
What relieves? _____

Musculoskeletal: N ___ Y ___ Location _____
Frequency: _____ Intensity (0 to 10) _____
What triggers? _____
What relieves? _____

Total pain level now (0 to 10): _____

DEVELOPMENTAL PROBLEMS

Problems with Mom's pregnancy: N ___ Y ___ Describe: _____

Problems with Mom's delivery: N ___ Y ___ Describe: _____

Apgar Rating: _____

Developmental problems: N ___ Y ___ Describe: _____

Childhood history of (check where applicable)

Abuse	_____	Motor Problems	_____
Head Injury	_____	Seizures	_____
High Fevers	_____	Speech Problems	_____

FAMILY HISTORY

(record all pertinent history for nuclear family including age, health status, medications, psych status, work or educational status and cause of death, if applicable)

Father: _____

Mother: _____

Brother(s): _____

Sister(s): _____

Married: N ___ Y ___ How long: _____

Relationship: Supportive ___ Neutral ___ Stressful ___ Destructive ___

Divorced: N ___ Y ___ # of times: ___ When ___ Why _____
Custody problems _____ Comments: _____

Children: N ___ Y ___ Names & ages: _____

Hx behavioral problems: N ___ Y ___ Type: _____

Hx educational problems: N ___ Y ___ Describe: _____

LEGAL HISTORY

Arrests: N ____ Y ____ Reason: _____

Convictions: N ____ Y ____

Charges: _____

EDUCATIONAL HISTORY

Highest grade completed: _____ Graduated _____ or GED _____ Year _____

High school attended: _____ Discipline problems N ____ Y ____

College or Tech school attended: _____ GPA: _____

Reasons for leaving school: _____

Best subject: _____ Grade: _____

Worst subject: _____ Grade: _____

Failed any grades: N ____ Y ____ Which: _____

Repeat any grades: N ____ Y ____ Which: _____

History of LD: N ____ Y ____ Describe: _____

History of ADD: N ____ Y ____ Treatment: _____

VOCATIONAL HISTORY

Employed: N ____ Y ____ Length of time in job: _____ Disability date: _____

Job duties: _____

Job problems: _____

Promotions/Problems with other jobs: _____

Past job history (what, where, when, reason for leaving)

MILITARY HISTORY

Military: N ____ Y ____ Service Branch: _____ Rank at discharge: _____

Job type: _____

Combat experience: N ____ Y ____ Describe: _____

Service connected disability: N ____ Y ____ Describe: _____

CURRENT FINANCIAL RESOURCES

