

**ADULT HISTORY QUESTIONNAIRE – Re-evaluation**  
MONTANA NEUROPSYCHOLOGICAL ASSOCIATES  
1622 South Avenue West  
Missoula, MT 59801  
(406) 543-9700

**IDENTIFYING INFORMATION**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Gender Assigned at Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Preferred Gender/Currently Identify: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Non-Binary \_\_\_\_\_ Other  
Preferred Pronouns (i.e., he/him; she/her; they/them): \_\_\_\_\_

Marital Status:  
\_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Other

Name of Partner/Significant Other: \_\_\_\_\_

Years of Education (grade completed, e.g., 10<sup>th</sup>, High School, College): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Referral Source: \_\_\_\_\_

Do you currently use the following:

Glasses/Contacts \_\_\_\_\_ Yes \_\_\_\_\_ No  
Hearing Aids \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Bilateral

**CURRENT CONCERNS**

Please briefly describe the specific problem(s) you would like addressed with the evaluation:



List all prescription medications you have taken in the past:

Medication	Dose	Reason Discontinued

**PREVIOUS CONSULTATIONS/EVALUATIONS**

Since the previous evaluation, have undergone evaluations with any other providers (i.e., neurology, psychology, etc.)?  Yes  No

If yes, please list who, when, and results of the evaluation(s):

Since the previous evaluation, have you had a **brain scan** (MRI, CT scan or EEG)?  Yes  No

If yes:

Date	Where	Type	Ordered By	Results

**FAMILY HISTORY**

Since the previous evaluation, has there been any new diagnoses of medical and/or psychiatric disorders in any blood relatives?  Yes  No

If yes, please provide the diagnosis, which family member(s), and whether from maternal (M) or paternal (P) side of the family:

**EDUCATIONAL HISTORY**

Since the previous evaluation, have you engaged in any academic endeavors?  Yes  No

If yes, please describe including grade(s), school/academic setting, etc.:

**EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No

If yes, where: \_\_\_\_\_ Position: \_\_\_\_\_

If not, last place of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you had any problems/difficulties in your current employment and/or any previous employment?  Yes  No

If yes, please explain:

**MILITARY HISTORY**

Since the previous evaluation, have you served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which branch: \_\_\_\_\_ Dates served: \_\_\_\_\_

Rank/MOS: \_\_\_\_\_

Were you ever on combat deployment(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:

Dates	Location

**DRUG/ALCOHOL HISTORY**

Since the previous evaluation, have you overused drugs/alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list what substance(s), the amount, and the last time you used:

Has anyone commented that your use has been excessive? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your use caused significant difficulties in your employment and/or with significant others? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to either, please explain:

Are you currently in treatment for substance use/abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where/with whom: \_\_\_\_\_

Have you been in treatment for substance use/abuse since the previous evaluation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where: \_\_\_\_\_

**LEGAL HISTORY**

Are you currently involved and/or have you been involved with the legal system since the previous evaluation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe circumstances:

**MISCELLANEOUS INFORMATION**

If there is any other information you would like to share, please do so here: