## ADULT HISTORY QUESTIONNAIRE – Re-evaluation

MONTANA NEUROPSYCHOLOGICAL ASSOCIATES 1622 South Avenue West Missoula, MT 59801 (406) 543-9700

#### **IDENTIFYING INFORMATON**

Date:					
First Name:	Last l	Name:			
Date of Birth:	Age:				
Address:	City:		State:	Zip: _	
Home Phone:	_ Cell Phone:		Work Phone :		
Preferred Gender/Currently Identify	Male : Male	Female	Non-Bina	ry	_ Other
Preferred Pronouns (i.e., he/him; she	e/her; they/them):				
Marital Status: Married D	vivorced	Single		Other	
Name of Partner/Significant Other:					
Years of Education (grade complete	<u>d</u> , e.g., 10 <sup>th</sup> , High Scl	hool, College):			
Emergency Contact: Referral Source:			Number:		
Do you currently use the following: Glasses/Contacts				Yes	No
Hearing Aids				Tes Yes	No
If yes:		Left	Right		Bilateral

#### **CURRENT CONCERNS**

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

### **MEDICAL HISTORY**

Since the previous evaluation, have you been diagnosed and/or had difficulties with any of the following:

	Yes	No	or had difficulties with any of the following: Date Diagnosed/Please Describe
ADD/ADHD			
Allergies			
Anxiety Disorder			
Asthma			
Bipolar Disorder			
Cardiovascular Problems			
Chronic Pain			
Depression			
Diabetes			
Dizziness			
Eating Disorder			
Gastrointestinal Problems			
Head Injury/Concussion			
Headaches			
Hospitalization (date & reason)			
Hypertension			
Learning Disabilities			
Loss of Consciousness			
Meningitis/Encephalitis			
Motion Sickness			
Ocular/Vision Problems			
Oxygen Deprivation (Anoxia)			
PTSD			
Seizures/Epilepsy			
Self Harm Behaviors/Suicide Attempts			
Sleep Apnea or Sleep Difficulties			
Stroke			
Surgeries			
Toxic Exposure/Overdose			
Vertigo			
Other (specify)			

List all medications (prescription medications and over-the-counter medications you are <u>currently taking</u>:

Date Prescribed	Medication	Dose	Prescribed By

#### 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 prev	vious evaluation, have you	had a <b>brain sca</b>	n (MRI, CT scar	n or EEG)?	Yes	No
If yes:						
Date	Where	Туре	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?	YesNo
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

11 yes.	
Dates	Location

<b>DRUG/ALCOHOL HISTORY</b> Since the previous evaluation, have you overused drugs/alcohol? If yes, please list what substance(s), the amount, and the last time you used:	Yes	No
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? If yes to either, please explain:	Yes	No
Are you currently in treatment for substance use/abuse? If yes, where/with whom:	Yes	No
Have you been in treatment for substance use/abuse since the previous evaluation? If yes, when and where:		No
<b>LEGAL HISTORY</b> Are you currently involved and/or have you been involved with the legal system since the previous evaluation? If yes, describe circumstances:	Yes	No

#### **MISCELLANEOUS INFORMATION**

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