MISSION PSYCHOLOGY
PSYCHOLOGICAL ASSESSMENT & TREATMENT
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ADULT NEUROPSYCHOLOGY QUESTIONNAIRE

Name: _________________________ SSN: ________________ DOB: ___/___/___ Age: _____

What is the problem that brings you here?

What questions do you want the assessment to answer?

SOCIAL HISTORY:

Where were you born? __________________ Where were you raised? _____________________

Who raised you? __________ How many brothers and sisters did you have? _________________

Times Married ___ Status Now: NM/Single Marr Div Widowed/er For How Long?_______

Do you have any children? ❏ Yes ❏ No If so, list their ages: __________________________

List any Neurological disease(s) in your family:

List any Psychiatric disease(s) in your family:

Who do you spend most of your time with?

EDUCATIONAL HISTORY:

Did you ever fail or repeat a grade? Yes No If Yes, Please explain:__________________________

List any "Special Education" classes (include year and school):_____________________________

Did you have a Learning Disability? ____ If yes, what type or problem area?__________________

Were you ever called Hyperactive? __ or Attention Deficit?: __ Where & When? _______________

Did you take Ritalin to help you in school? _______ Other medicines (list)? ___________________

Check the following if they applied to you in school:

❏ Could not still
❏. "Fidgety" and restless
❏. Could not stay seated
❏. Destroying property
❏. Was a bully
❏. Counseled a lot by principals, teachers, etc.
❏. Could not organize / finish work
❏. Needed a lot of supervision
❏. Had trouble paying attention
❏. Speaking out of turn
❏. Used drugs or alcohol
❏. Always "on the go"
❏. Acted before thinking
❏ Got in a lot of trouble
❏.Fighting
❏. A "slow learner"

Were you on the Honor Roll or Dean's List? _____Never _____Rarely _____Usually _____Always

Years of education: _____ Typical grades _______

If you left school before graduation, what was the reason? ________________________________

If you attended college: Highest degree awarded __________ Year _______ School __________

Major subject____________________ Minor subject _____________________ GPA ______

Future educational plans:

OCCUPATIONAL HISTORY:

Currently employed? ____ Occupation? ____________________ Start Date: _______

If not working now, how long has it been since you worked? ______________________

If you are not working now, how long did you hold your last job? ___________________

What were your major responsibilities on the most recent job? _____________________________

What has been your main type of work through the years? _________________________________

List any problems in your current or past work:____

Do you have an application for disability pending? ❏ VA ❏ Social Security ❏ Private Insurance

What disability are you claiming?

Military service? Yes No Branch: _______Service Dates: ________________ Rank _______

MOS___________

What are your future occupational plans?

MEDICAL HISTORY

Were there any complications or problems with your mother's pregnancy and delivery?

Were you a full-term baby? _______ If not, how premature?________ Your birth weight? ________

Please give your best guess of the age you walked _____ and talked _____

Have you ever had a significant head injury? ❏ Yes ❏ No

If yes, please describe injury, when, whether unconscious, and if so, how long?

Injury	When	Unconscious?	If so, how long?

Please check any of the following that you have ever had

❏ Coma	❏ Kidney disease	❏ Infections (type: __________
❏ Diabetes	❏ Liver disease	❏ Multiple Sclerosis
❏ Hypoglycemia	❏ Encephalitis	❏ Hypertension
❏ Seizures	❏ Arteriosclerosis	❏ Tumor/Cancer
❏ Meningitis	❏ Venereal disease	❏ Brain abscess (or aneurysm)
❏ Stroke	❏ Heart disease	❏ Thyroid problems
❏ Sun Stroke	❏ Delirium	❏ Amnesia/Memory
❏ Dementia	❏ Other (please list): ______________________________	

Please check any of the following that you have ever experienced or been exposed to:

- ❏ Lead (in paint, etc)
- ❏ Toxic chemicals
- ❏ Electrical shock
- ❏ Carbon Monoxide
- ❏ Malnutrition
- ❏ Chemical accidents
- ❏ Industrial solvents
- ❏ Overcome by gas
- ❏ Lack of oxygen
- ❏ Partial drowning
- ❏ Other environmental trauma:

Have you ever been seen by a Psychiatrist/Psychologist? Yes No.

If so, please explain when and why:

Have you ever attempted suicide? ❏ No ❏ Yes

Please check any of the following that you have experienced recently:

- ❏ Impulsivity (act before thinking)
- ❏ Getting lost
- ❏ Periods of confusion
- ❏ Severe headaches
- ❏ Nausea or vomiting
- ❏ Temper outbursts
- ❏ Memory problems
- ❏ More easily frustrated
- ❏ Shaking or tremor
- ❏ Personality changes
- ❏ Change in smell or taste
- ❏ Walking differently
- ❏ Loss of interest
- ❏ Inability paying attention
- ❏ Dizziness
- ❏ Hallucinations
- ❏ Problems with judgment
- ❏ Blank spells
- ❏ Difficulty doing things you used to do well
- ❏ Ringing in ears
- ❏ Fainting
- ❏ Visual changes
- ❏ Loss of coordination
- ❏ Unusual weakness
- ❏ Hearing changes
- ❏ Numbness in the body
- ❏ Loss of bladder / bowel control
- ❏ Loss of ability to have sex
- ❏ Burning/tingling in the body
- ❏ Uncontrollable laughing or crying
- ❏ Other: ____________________________________

Do you have arthritis or injuries in your shoulders, arms, or hands that would affect your feeling, strength, or speed in your limbs? Yes No Where?____________________________________

Do you have a hearing loss? _______________

Have you been told that you have a vision problem that requires glasses?

____

List ALL medicines you currently take, both prescribed and "over the counter":

Drug	Dosage	When Started?	Side effects?

(use other side if necessary)

Current level of alcohol use:

Were you ever a heavy drinker in the past? Yes No

How much coffee do you drink? ______________________________

Please list any other non-prescribed chemicals or drugs that you have abused now or in the past:

Have you ever participated in any substance abuse treatment program? Yes No

If so, please describe:

What language(s) do you use/speak most of the time?_____________________

What language(s) did you learn <u>first</u> as a child?___________________

2nd Language?_________________

If there is anything about your current functioning or about your past experiences that you think would be helpful to us, please write it here: