

Adult Demographic and Referral Information

Name: _____

Age: _____ Date of Birth: _____

Educational Level: _____

College/University: _____

School Address: _____

Permanent Address: _____

Phone Number: _____ Email: _____

Reason for Testing: _____

Family History

Parents Information (Name, Age, Education Level)

Siblings (Age, Education Level)

Comment on any personal or family history (include grandparents, aunts, uncles, cousins) on the following.

	Yes / No	Which Relative
AD/HD		
Learning Disabilities		
Panic Attacks		
Generalized Anxiety		
Tics/Tic Disorders		
Tourette's Syndrome		
Obsessive Compulsive Disorder		
Eating Disorders		
Depression		
Migraine Headaches		
Night Terrors		
Other		

Developmental History

Describe your mother's pregnancy with you (if known). Include neonatal/birth complications.

Were developmental milestones met within normal limits? Please provide information regarding developmental delays.

Medical History

Describe any past or ongoing significant illnesses/operations or medical conditions.

Please list any past and/or current medications you take and the reasons for the medication (s).

Describe your current health.

Vision: Satisfactory: _____ Corrected By: _____

Hearing: Satisfactory: _____ Corrected By: _____

Have you had pressure equalization tubes inserted into your ears? If so, when?

Do you have past or current problems with fine or gross motor skills?

Do you have abnormalities in sleeping or eating habits/patterns?

Do you have a history of head injuries/concussions? Provide dates, treatment, and complications.

List any and all sources of situational stress that you might be experiencing.

Educational History

List past schools you attended beginning with kindergarten.

List current degrees/major/GPA as well as plans for future education.

List any specialized support you have received and the appropriate times and length of treatments (special education, special schools, tutoring, OT/PT, speech therapy, therapy).

List any academic accommodations you received in your educational history (i.e. extended time, audiobooks, preferential seating/scheduling, permission to use laptops, calculators, or other technology supports).

What educational accommodations will be most helpful to you in the future?

What are your learning strengths?

What are your learning weaknesses?

Honors and awards

Interests and hobbies

Provide any additional information that you believe is important or relevant to this evaluation.

Provide any past evaluations and test scores. If you do not have copies, please provide dates and diagnoses of any psychoeducational testing and scores from standardized tests (i.e. ACT/SAT/GRE).