John Largen & Associates, Inc.
Clinical Neuropsychology Services

FAA TESTING:

Name:

Date of Birth: Age: Sex: M F Race: Left or Right Handed (Circle)

Are you bilingual? Yes No If bilingual, what is your preferred language?

Marital status (circle): Single Married Divorced Widowed Committed Relationship

If you are a pilot:

What is your pilot license type?

If employed by an airline, what airline?

What is your current aircraft?

What is your rating?

Total hours logged?

Who referred you for aviation-related testing?

Name of referring organization:
(e.g., FAA, AME, airline, pilot union, HR department,
AMAS, disability insurance provider, or other specified.)

Name of referring AME:

Briefly, what is the reason or purpose for this testing?
(e.g., special issuance, initial medical certification, medical recertification, repeat testing required by FAA, flight-related problems, flight training difficulties, transitional training difficulty, medical problems, mental health problems, HIMS referral, behavioral problems on or off the job, legal difficulty, or other aviation-related reasons specified)

If the testing is for special medical issuance, what is the reason?
(e.g.,neurological problem, SSRI medication use, ADHD or ADD, HIV, substance abuse or dependence, psychiatric or psychological problems, or other)

Have you ever had a special medical issuance in the past?

Have you had any previous aviation-related testing such as CogScreen, neuropsychological testing, or psychological testing?

Office: 1100 NASA Parkway, Suite 403, Houston, TX 77058
Phone: 281-957-9863 • Fax: 281-957-9302
Web: https://neuropsychologisthouston.com • Email: office@neuropsychologisthouston. com

Please tell me your perspective of the events that led up to this current evaluation.

(Please include any relevant aviation-related history or any history of aviation problems experienced by you or problems brought to your attention by others)

EDUCATIONAL HISTORY:

High School:

-Did you graduate from high school? Yes No

-If you did not complete high school: What was the last grade you completed?

Did you obtain a G.E.D.?

Did you attend a trade or vocational school?

-What were your typical grades in high school: (circle) A-B B-C C-D D-F

-Were you diagnosed with any of the following in school: -Dyslexia -Learning Disability -ADD or ADHD -Hyperactivity

-Even if not diagnosed, did you have any particularly difficulty with reading, spelling, math, or writing in school?

College:

-Did you graduate from college? Yes No If yes, what was your degree? (circle): Bachelors Associates

-If you attended college but did not graduate, how many years did you attend?

-If you attended college: Name of college or university:
Major:
Typical grades in college: (circle) A-B B-C C-D D-F

Post-Graduate Education:

-If you have an advanced or professional degree, complete the following:
Degree:
Name of college/university:
Major:

MILITARY HISTORY:

-Did you serve in the military?

(If yes, what branch, for how long,
and your rank upon discharge)

-If so, were you a pilot in the military?

OCCUPATIONAL HISTORY:

-If currently employed: Where do you work?
For how long?
What is your job title and typical duties?

-If retired: What age or year did you retire?
Where did you work?
For how long?
What was your job title and typical duties?

MEDICAL HISTORY:

-Do you have any visual problems?

-Do you wear glasses?

-Are you color-blind?

-Do you have hearing problems?

-Do you have problems with tinnitus (ringing in ears)?

Please list any prior surgery:	Type of Surgery and Year	Continued
1.)		6.)
2.)		7.)
3.)		8.)
4.)		9.)
5.)		10.)

Please list current medications:	Name	Dose (if known)	Continued
1.)			6.)
2.)			7.)
3.)			8.)
4.)			9.)
5.)			10.)

Please circle yes or no if you have had any of the following medical problems diagnosed by a doctor:

-Head Injury (loss of consciousness, concussion, coma) ………………… yes no
-Cerebrovascular disease (stroke, TIA) ……..……………..................... yes no
-Epilepsy (grand mal) or other seizure type …………………................ yes no
-Episodes of syncope (passing out or fainting)………………………… yes no

-Brain Infection (encephalitis or meningitis) ……………………………yes no
-Brain tumor…………………………………………………………….. yes no
-Multiple sclerosis……………………………………………………… yes no
-Hydrocephalus………………………………………………………… yes no
-Hypertension (high blood pressure)…………………………………… yes no
-Diabetes ……………………………………………………………….. yes no
-Peripheral neuropathy………………………………………………….. yes no
-Cancer ..…………………………………………………………………... yes no
-Blood disorder (sickle cell, anemia, hemophilia) ……………………... yes no
-Liver disease (cirrhosis, hepatitis) …………………............................ yes no
-Breathing or lung problems (COPD, emphysema, asthma) …………... yes no
-Gastrointestinal problems (ulcers, IBS, GERD, colitis, Crohn's……… yes no
-Heart Problems (angina, heart attacks, mitral valve prolapse,
congestive heart failure, coronary artery disease)……………. yes no
-Thyroid problems (hypothyroidism, hyperthyroidism, goiter) ………...yes no
-High cholesterol (hypercholesterolemia, hyperlipidemia)…………….. yes no
-Kidney disease or renal failure ……………………………………….. yes no
-HIV, AIDS, or other problems with immune system disorder ………... yes no
-Sleep problems (sleep apnea, chronic insomnia) …………………...... yes no

Please list any current medical problems not listed above:

MENTAL HEALTH HISTORY:

Have you ever been diagnosed with any of the following? Please circle

Depression
Dysthymic Disorder
Bipolar Disorder (manic-depressive disorder)
Anxiety
Phobias
Panic Attacks
Obsessive-Compulsive Disorder
Neurosis
PTSD (post traumatic stress disorder)
Adjustment Disorder
Psychosis
Schizoaffective Disorder
Schizophrenia
Personality Disorder
Other

ALCOHOL AND SUBSTANCE USE HISTORY

-Do you currently use alcohol?

If yes, what is the typical number of drinks in a week?

-Have you ever been diagnosed with or treated for
-Alcohol Abuse yes no
-Alcohol Dependence yes no
-Substance Abuse yes no
-Substance Dependence yes no

-Have you even been charged with DWI, DUI, or public intoxication? yes no

LEGAL HISTORY

-Have you ever been arrested or convicted of any criminal offense?