

John Largen & Associates, Inc.
Clinical Neuropsychology Services

History for Adult Applicants (age 18+)

Please complete this questionnaire at home and bring it with you to the office of John Largen & Associates, Inc. at the time of your appointment. This form can be completed by yourself (the applicant) or by another family member. Questions? Call 281-957-9863

WHO IS COMPLETING THIS FORM? Applicant Other (*specify relationship*):

PERSONAL AND SOCIAL HISTORY:

Applicant's Full Name:

Telephone: Home: Work:

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

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

Were you adopted? Yes No

Are you **currently** (circle): Single Married Divorced Widowed Committed Relationship

If married: What is your spouse's name:

How long have you been married:

How is your spouse's health (please circle): Excellent Fair Poor

Does your spouse work outside of the home? (circle) Yes No

How many times have you been married?

How long was each marriage?

Please list **those who are living with you:**

Name Age Relationship to you:

- 1.)
- 2.)
- 3.)
- 4.)

Please list the names and ages of any children not living with you:

What are your recreational interests, activities, and hobbies?

FAMILY HISTORY:

Are your biological parents: Married Separated Divorced Never Married

If they are not married, how old were you when they divorced?

What are your parent's educational backgrounds?: Mother
Father
Step-parent

What are/were your parent's occupations: Mother:
Father:
Step-parent (s):

Are any of your parents/step parents or siblings deceased? yes no
If so, who and when?

Have any of your siblings or parents been diagnosed with significant medical problems? yes no
If yes, please give details:

Have any of your siblings or parents been diagnosed with LD or ADHD? yes no
If yes, please give details

DEVELOPMENTAL HISTORY:

Birth History:
Where there any problems during your mother's labor during your birth? yes no
If yes, please give details:

Timing of your delivery (circle): On-time Early Late
If early or late, how long:

Where you delivered by Cesarean section? yes no

Birth weight if known:

Where there any complications at birth (cord around neck, meconium inhalation, difficulty breathing/anoxia, blue baby, other?) yes no
If yes, give details:

Did you require any special treatment or extra days at the hospital after birth? yes no
If yes, give details:

Developmental Milestones:
Were motor milestones were reached at the appropriate ages? yes no
If no, give details:

Were language milestones reached at appropriate ages? yes no
If no, give details:

Did you ever have speech/language therapy as a child? yes no
If so, give details:

Did you ever have physical or occupational therapy as a child? yes no
If so, give details:

- Brain tumor..... yes no
- Hydrocephalus..... yes no
- Tourette’s Syndrome or tic disorder.....yes no
- Eating problems (anorexia, bulimia).....yes no
- Hypertension (high blood pressure).....yes no
- Diabetes yes no
- Cancer or tumor yes no
- Blood Disorders (Circle which - sickle cell, anemia, hemophilia) yes no
- Liver Disease (Circle which - cirrhosis, hepatitis) yes no
- Breathing or lung problems (Circle which - COPD, emphysema, asthma, chronic bronchitis) yes no
- Gastrointestinal problems (Circle which - ulcers, irritable bowel syndrome, reflux or GERD, colitis, Crohn’s)yes no
- Heart Problems (Circle which - angina, heart attacks, mitral valve prolapse, congestive heart failure, coronary artery disease)yes no
- Allergies (Circle which - skin, food, medication, air-borne)yes no
- Thyroid problems (Circle - hypothyroidism, hyperthyroidism, goiter) ..yes no
- High cholesterol (hypercholesterolemia) yes no
- Kidney disease or renal failure yes no
- HIV, AIDS, or other problems with immune system disorder yes no

Please list any current medical symptoms or problems not listed above:

ALCOHOL AND SUBSTANCE USE HISTORY

Do you currently use **alcohol**? (circle) yes no
If yes, what is the typical number of drinks in a week?

Were you ever a **heavy user** of drugs or alcohol in the past? yes no

Have you ever been enrolled in **rehabilitation or hospitalized for alcohol or drug problems**? yes no
If yes, please give date(s) and place(s):

EDUCATIONAL HISTORY:

Pre-School:

Were you placed in any early childhood or special pre-school program to address problems with speech or other disability?

If so, give details:

Elementary School (grades K to 5)

Circle your school setting and what years Public school K 1 2 3 4 5
Private school K 1 2 3 4 5
Home schooled K 1 2 3 4 5

Compared to other children in elementary school, did you have particular difficulty with:

Reading Spelling Writing Math

During grades K through 5, did you have any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, the school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan for you?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were you given any formal or informal accommodations in any classes to address problems? yes no

If so what accommodations?

Did they help?

What were your typical grades in elementary school? A B C D F

What were your strengths or best school subjects?

What were your weaknesses or worst school subjects?

Were you placed in a gifted-and-talented program?

Did your grades change significantly during any particular school year?

Did you repeat any grades? If so please explain:

Did you attend summer school to make up for poor grades?

If so, please give details:

Did any major stressors occur to you or your family during grades K to 5?

If so, explain:

Did you have any behavioral problems in school (frequent detentions, notes sent home from the teacher, suspensions, etc.)?

Did you have any behavioral problems at home during these school years?

If so, please give details:

Did you have any difficulty making or keeping friends during elementary school?

If so, please give details:

Middle School (6-7-8)

Circle your school setting and what years

Public school	6 7 8
Private school	6-7-8
Home schooled	6-7-8

Compared to other children in middle school, did you have particular difficulty with:

Reading Spelling Writing Math

During grades 6 through 8, did you have any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, the school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan for you?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were you given any formal or informal accommodations in any classes to address problems?

If so what accommodations?

Did they help?

What were your typical grades in middle school? A B C D F

What were your strengths or best school subjects?

What were your weaknesses or worst school subjects?

Were you placed in a gifted-and-talented program?

Did your grades change significantly during any particular school year?

Did you repeat any grades? If so please explain:

Did you attend summer school to make up for poor grades?

If so, please give details:

Did any major stressors occur to you or your family during grades 6-8?

If so, explain:

Did you have any behavioral problems in school (detentions, notes sent home from the teacher, suspensions, etc.)?

Did you have any behavioral problems at home during these school years?

Did you have any difficulty making or keeping friends during middle school?

High School (9th -12th grades)

Circle your school setting and what years

Public school	9	10	11	12
Private school	9	10	11	12
Home schooled	9	10	11	12

Did you graduate high school? yes no
If not what was the last year completed?
If not, did you get a G.E.D.?

Compared to other students in high school, did you have particularly difficulty with:

Reading Spelling Writing Math

During grades 9 through 12, did you have any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, the school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan for you?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were you given any formal or informal accommodations in any classes to address problems?
If so what accommodations?
Did they help?

What were your typical grades in high school? A B C D F

What was your GPA if known?
What was your class ranking at graduation if known?

What were your strengths or best school subjects?
What were your weaknesses or worst school subjects?

Were you placed in a gifted-and-talents program?

Did you take any advanced courses including pre/AP, AP, or dual -college credit courses?

Did your grades change significantly during any particular school year?

Did you repeat any grades? If so please explain:

Did you attend summer school to make up for poor grades?
If so, please give details:

Did any major stressors occur to you or your family during grades 9-12?
If so, explain:

Did you have any behavioral problems in school (detentions, notes sent home from the teacher, suspensions, etc.)?

Did you have any behavioral problems at home during these school years?

Did you have any difficulty making or keeping friends during high school?
If so, please give details:

College Entrance Exams:

If taken, what were your test scores on the PSAT SAT ACT THEA

If taken on more than one occasion, please give scores for each.

Did you apply for accommodations on any college entrance exam?

If given, what were the accommodations?

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?

How many credits did you complete in that time:

If you attended college: Name of college/university: Major:

What were your typical grades in college? A B C D F

What was your GPA if known:

What were your strengths or best college subjects?

What were your weaknesses or worst college subjects?

Did your grades change significantly during any particularly school year?

Did you fail, withdraw from, or take an Incomplete in any courses?

What courses and year:

Did you have to repeat any courses?

During college, did you have any special testing for ADHD or LD by a doctor, or other agency?

As a result of testing, were you given any formal or informal accommodations in college to address problems?

If so what accommodations?

If not based upon testing at that time, were accommodations granted on an informal basis, provisionally pending evaluation, or previous diagnosis?

Were the accommodations helpful?

Graduate / Professional Entrance Exams:

If taken, what were your test scores on the GRE GMAT LSAT MCAT DAT

If taken on more than one occasion, please give scores for each.

Did you apply for accommodations on any college entrance exam?

If given, what were the accommodations?

Post-Graduate Education:

If you have an **advanced or professional degree**, complete the following:

Degree:
 Name of college/university:
 Major:

Grades:

What were your typical grades in graduate or professional school ? A B C D F

Did your grades change significantly during any particularly school year?

Did you have to retake any courses?

Did you fail, withdraw from, or take an Incomplete in any course?

What subjects and year:

During graduate or professional school, did you have any special testing for ADHD or LD by a doctor, the school, or other agency?

Were you given any formal or informal accommodations in graduate or professional school to address problems?

If so what accommodations?

If not based upon testing at that time, were accommodations granted on an informal basis, provisionally pending evaluation, or previous diagnosis? Where they helpful?

MILITARY HISTORY:

Did you serve in the military? (circle) yes no
*If yes, what branch, for how long,
 and your rank upon discharge:*

Did you see military action? (circle) yes no
If yes, please provide details:

OCCUPATIONAL HISTORY:

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

PSYCHIATRIC HISTORY:

Please circle if you have ever been **diagnosed by a psychiatrist, physician, or psychologist** with any of the following:

- | | |
|--|---------------------------------------|
| Depression | PTSD (post traumatic stress disorder) |
| Bipolar Disorder (manic depressive disorder) | Psychosis |
| Anxiety | Schizoaffective Disorder |
| Phobias | Schizophrenia |
| Anxiety/Panic Attacks | Pervasive Developmental Disorder |
| Obsessive-Compulsive Disorder | |

Are you currently seeing a psychiatrist, psychologist, psychotherapist, or counselor? Circle: yes no
If yes:

Name of doctor How Long Condition Being Treated Specialty of Doctor

In the past, have you seen a psychiatrist, psychologist, psychotherapist, or counselor? Circle: yes no
If yes:

Name of doctor How Long Condition Being Treated Specialty of Doctor

Have you ever been **hospitalized for a psychiatric or emotional problem**? Circle: yes no
If yes:

Name of Hospital Date Condition Being Treated

If any, what **medications in the past** have you been prescribed for psychiatric difficulty?

FAMILY HISTORY OF PSYCHIATRIC PROBLEMS:

Have any of your siblings or parents been diagnosed with a psychological/psychiatric problem including substance abuse?
If yes, please give details:

LEGAL HISTORY

Have you ever been arrested or convicted of any criminal offense? yes no
If yes, please list: