ADULT NEUROBEHAVIORAL HISTORY ©

STANDARD FORM

PATIENT	Name First, MI, Last		Degree(s)
Birth Date	Age	Height	Weight
Birth Sex ☐ Male ☐ Female	Gender		
Primarily: ☐ Right-handed ☐ Left-handed ☐ Mixed hand preference			

PERSON COMPLETING THIS FORM

Date form completed	Name of person completing form
Relationship to patient	If not the patient, rate your familiarity with the patient ☐ Excellent ☐ Good ☐ Minimal ☐ None

REFERRAL INFORMATION

Name of person or agency referring patient	
Service requested ☐ Testing ☐ Therapy ☐ Other service:	
List the symptoms relating to this visit	
Legal issues associated with this referral? ☐ No ☐ Yes	Accident or work injury associated with this visit? ☐ No ☐ Yes

CONTACT PERSON

Name

Relationship to patient

Best ways to contact

Preferred phone

Email

Who is legally responsible for the individual?

☐ Patient is responsible for self

☐ Other person is legally responsible:

Name _____

Relationship _____

Legal or medical arrangement:

LIVING ARRANGEMENT

☐ House ☐ Apartment ☐ Condo

☐ Farm ☐ Trailor or Mobile home

☐ 55 + Comm. ☐ Continuing Care Comm.

☐ Assisted Living ☐ Nursing Home

☐ Group Home ☐ Institutional setting

☐ Homeless ☐ Shelter

☐ Frequent moves or housing problems

The patient lives with (check all that apply)

☐ Spouse ☐ Partner ☐ Fiancé

☐ Children ☐ Siblings

☐ Mother ☐ Father

☐ Friend(s) ☐ Roommate

☐ Alone ☐ Unrelated individual(s)

☐ Other:

EDUCATION

Presently in school ☐ Full-time ☐ Part-time

Highest grade or degree

College name

Major

Grad School name

Field of study

EMPLOYMENT

Occupation

Current or prior _____

Currently working:

☐ Full-time _____ years at current job

☐ Part-time

☐ Retired _____ years

Number of jobs in the past 10 years _____

Job title
Current or prior

Job Responsibilities

If not working

☐ Homemaker

☐ Student, not working

☐ Unemployed, seeking work

☐ Unemployed, not seeking work

☐ Never able to work

☐ On Disability ☐ Applying for Disability

☐ On Workers Comp

☐ Not on Workers comp, but unable to work due to an accident or illness

BACKGROUND

Country of birth

If not born here, age arrived

Race or Ethnicity

Languages spoken

☐ English is 2nd lang

RELATIONSHIP STATUS

☐ Married for _____ years _____ # of marriages

☐ Lives with partner or fiancé (unmarried)

☐ Divorced ☐ Separated ☐ Widowed

☐ Single

Age _____ Occupation _____

Partner health

☐ Good ☐ Poor

Number of children: Biological _____ Other _____

MILITARY SERVICE

☐ Did not serve ☐ Serving now ☐ Served in past

Dates served _____

Branch _____

Rank _____

Duties _____

Number of military deployments _____

Areas deployed: _____

Military injuries

☐ Psychological describe:

☐ Physical describe:

PRIMARY CARE PHYSICIAN ☐ None

Name or Clinic	
Affiliation or Location	
Date of last physical exam	Findings

OTHER PROFESSIONALS PROVIDING CARE ☐ None

Name and degree	Specialty
Name and degree	Specialty
Name and degree	Specialty

MEDICAL DIAGNOSES ☐ None

	Age Diagnosed
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Use an additional page for other diagnoses

MENTAL HEALTH DIAGNOSES ☐ None

	Age Diagnosed

	Yes	No	Unsure
Are immunizations (flu, COVID, etc.) up to date?	☐	☐	☐
Has vision been checked?	☐	☐	☐
Has hearing been checked?	☐	☐	☐

MEDICATIONS ☐ None

Prescription, Over-the-counter, Other meds	Reason for med	Dose	When taken? Morn	Afternoon	Eve	When began	List any side effects
1			☐	☐	☐		
2			☐	☐	☐		
3			☐	☐	☐		
4			☐	☐	☐		
5			☐	☐	☐		
6			☐	☐	☐		
7			☐	☐	☐		
8			☐	☐	☐		
9			☐	☐	☐		
10			☐	☐	☐		

Use an additional page for other medications

☐ Drugs discontinued in past year (list): _____

☐ Drug allergies (list): _____ ☐ No Known Drug Allergies

☐ History of prescription medication dependence

MENTAL HEALTH CARE ☐ None

	Age(s) Treated	Reason for Treatment	Provider or Clinic
☐ Psychiatrist ☐ Psych Nurse			
☐ Psychologist			
☐ Other Therapist/Counselor			
☐ Psychiatric Hospitalization			
☐ Drug or Alcohol Rehab			

CURRENT LIFE STRESSORS

☐ Home ☐ Marital
☐ Work ☐ Relationship
☐ Health ☐ Financial
☐ Legal ☐ Trauma/Abuse
☐ School ☐ Other

SUBSTANCE USE

	Never or Rarely	Past Use	Using			
Alcohol	☐	☐	☐ How often?	☐ 5+ drinks on several occasions in a month	☐ History of abuse	
Tobacco	☐	☐	☐ Current packs/day:	Number of years smoked:		
Recreational Drugs	☐	☐	☐ Using	List drugs:		
Anabolic Steroids	☐	☐	☐ Using	How long used? _____		

Others concerned about patient's

☐ Alcohol use
☐ Tobacco use
☐ Drug use
☐ Steroid use

REVIEW OF SYSTEMS AND DAILY LIVING CONCERNS

Check any current or prior conditions and the age of occurrence or diagnosis

Neurologic Age

☐ Aphasia (Speech or Language Disorder)
☐ Brain Injury ☐ Concussion(s)
☐ Cerebral aneurysm
☐ Coma or loss of consciousness
☐ Dizziness
☐ Encephalitis ☐ Meningitis
☐ Epilepsy or Seizure
☐ Fainting (Syncope) ☐ Room spinning (Vertigo)
☐ Headache Type:
☐ Hypoxia (loss of oxygen to the brain)
☐ Infection of brain
☐ Intellectual or Developmental Disability
☐ Muscle control or movement problem
☐ Numbness
☐ Paralysis
☐ Spinal Cord Injury
☐ Stroke (CVA, cerebral hemorrhage) ☐ Transient Ischemic Attack (TIA)
☐ Tumor of brain ☐ Tumor of spinal cord

Cardio-vascular

☐ Arteriosclerosis, carotid stenosis
☐ Bleeding or bruising easily
☐ Blood disorder (anemia, hemophilia, sickle cell, etc.)
☐ Heart attack ☐ Abnormal rhythm ☐ CHF ☐ CAD
☐ High blood pressure ☐ Low blood pressure
☐ High cholesterol ☐ High triglycerides
☐ Peripheral vascular disease

Gastro-intestinal

☐ Bowel incontinence ☐ Change in bowel habits or stool
☐ Irritable bowel syndrome
☐ Liver disease
☐ Malnutrition ☐ Dehydration

Genital-urinary

☐ Bladder Incontinence ☐ Change in bowel habits or stool
☐ Kidney disorder
☐ Reproductive disorder
☐ Urinary Tract Infection ☐ Recent UTI ☐ Frequent UTI's

Muscular-skeletal

☐ Amputation
☐ Arthritis
☐ Degenerative joint disease ☐ Joint abnormality
☐ Falls (frequent or unexplained)
☐ Fracture (current or recent)
☐ Muscle or movement problems on ☐ One side mostly ☐ Both sides
☐ Polio ☐ Post-polio syndrome
☐ Skeletal abnormality
☐ Tremor or involuntary muscle movements

Dermatology

☐ Rash, discoloration, itch, swelling, tenderness, or lump

Genetic Disorder ☐ Specify:

Metabolic Disorder ☐ Specify:

Cancer ☐ Type:
Treatments: ☐ Chemo ☐ Radiation ☐ Surgery

Rheumatology

☐ Fibromyalgia ☐ Rheumatoid Arthritis ☐ Lupus

Respiratory

☐ Chronic Obstructive Pulmonary Disease (COPD)
☐ Other:

Serious Injuries, Surgeries or Hospitalizations
Describe:

Adaptive Aids

☐ Eyeglasses for close work ☐ Eyeglasses for distance
☐ Left ear hearing aid ☐ Right ear hearing aid
☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter
☐ Prosthesis
☐ Other:

Head, Ears, Eyes, Nose, Throat Age

☐ Abnormality of head, ears, eyes, nose or throat

☐ Ear infections (severe or frequent when young)
☐ Hearing disorder
☐ Loss of hearing

☐ Cataracts ☐ Glaucoma ☐ Macular degeneration
☐ Eye movement disorder
☐ Vision change recently

☐ Change in ability to smell or taste

☐ Neck stiffness, pain or lump
☐ Swallowing difficulty

Endocrine

☐ Diabetes Insulin-dependent ☐ Diabetes Non-insulin dep.
☐ Gland disorder: ☐ Pituitary ☐ Adrenal ☐ Pineal
☐ Hypothyroid ☐ Hyperthyroid

Infection / Immune System

☐ Autoimmune disease:
☐ AIDS ☐ HIV+
☐ Fungal ☐ Lyme disease ☐ Parasitic infection ☐ STD
☐ Allergies
☐ COVID-19 ☐ Long COVID symptoms

Sleep and Appetite

☐ Difficulty falling asleep ☐ Middle of night or early awakening
☐ Excessive sleep ☐ Excessive daytime sleepiness
☐ Acts out dreams at night
☐ Narcolepsy or sleep attacks during day
☐ Leg movements at night affect sleep
☐ Sleep apnea ☐ Severe snoring with disrupted breathing
☐ Appetite change ☐ Large weight gain ☐ Large weight loss

Mental Health

☐ Abuse: ☐ Physical ☐ Sexual ☐ Verbal
☐ Addiction
☐ Anxiety disorder ☐ Panic attacks ☐ Phobia
☐ Attention-Deficit/Hyperactivity
☐ Autism, Asperger's, or Pervasive Developmental Disorder
☐ Bipolar disorder (Manic-depression)
☐ Childhood trauma or abuse
☐ Depression
☐ Eating disorder
☐ Hallucinations
☐ Impulse control problem (gambling, sex, shopping, food, etc.)
☐ Obsessive-compulsive behaviors
☐ Personality disorder
☐ Posttraumatic Stress Disorder ☐ Trauma exposure
☐ Schizophrenia ☐ Schizoaffective disorder
☐ Suicide attempt

Other

☐ Chronic fatigue
☐ Chronic daily pain: ☐ Mild ☐ Moderate ☐ Severe
☐ Cold intolerance ☐ Heat intolerance
☐ Light or noise sensitive
☐ Nausea / vomiting
☐ Toxic substance exposure
☐ Travel outside country in past 3 months

Activities of Daily Living Concerns

☐ Self-care (hygiene, dressing, healthcare, toileting)
☐ Nutrition, appetite, eating habits
☐ Household or housekeeping chores
☐ Financial management
☐ Shopping, making appropriate purchases
☐ Medication management
☐ Community and social involvement
☐ Safety awareness
☐ Driving concerns
☐ Social support

☐ Other concerns(s) not listed:

FAMILY	Age	Deceased	Education	Occupation	Major Medical or Mental Health Problems
Biological Mother ☐ Unknown		☐			
Biological Father ☐ Unknown		☐			

Siblings ☐ None	Sex	Age	Deceased	Education	Occupation	Major Medical or Mental Health Problems
1 ☐ Full ☐ ½ ☐ Step			☐			
2 ☐ Full ☐ ½ ☐ Step			☐			
3 ☐ Full ☐ ½ ☐ Step			☐			
4 ☐ Full ☐ ½ ☐ Step			☐			
5 ☐ Full ☐ ½ ☐ Step			☐			
6 ☐ Full ☐ ½ ☐ Step			☐			
7 ☐ Full ☐ ½ ☐ Step			☐			

BIOLOGICAL FAMILY MEDICAL HISTORY

☐ Unknown biological family history

		Mother	Mother's Mother	Mother's Father	Father	Father's Mother	Father's Father	Patient's Sibling(s)	Child of Patient	Aunts, Uncles, Cousins
Neurologic	Dementia (Alzheimer's, Vascular, other dementia)	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Epilepsy or Seizures	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Movement Disorder (e.g., Parkinson's, Huntington's)	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Multiple Sclerosis	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Stroke (CVA)	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Tumor of brain or spine	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health	Anxiety, Panic Disorder, or OCD	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Autism, Asperger's or Pervasive develop. disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Bipolar Disorder (Manic-Depression)	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Depression	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Personality Disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Schizophrenia or Schizoaffective disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Substance Abuse (Alcohol or Drugs)	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Suicide or Suicide Attempt	☐	☐	☐	☐	☐	☐	☐	☐	☐
School	Attention Deficit/Hyperactivity Disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Intellectual or Developmental Disability	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Learning Disability	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	Genetic Disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Left-handedness	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Other significant medical problem:	☐	☐	☐	☐	☐	☐	☐	☐	☐

CHILDHOOD

Birth weight ☐ Born near due date ☐ Premature ☐ After due date

Patient raised by ☐ Biologic mother ☐ Biological father ☐ Other biological family ☐ Adoptive parents ☐ Foster parents ☐ Institutional care

Early problems that occurred during the patient's childhood

☐ Mother's pregnancy	*Mother had problems with patient's pregnancy*
☐ Birth	*Congenital disorder, illness or birth injury*
☐ Development	*Problems developing walking, talking or motor skills*
☐ Temperament	*Withdrawn, not social, negative mood*
☐ Health	*Significant childhood medical problems or injury*
☐ Family	*Family problems*
☐ Care	*Neglect of child or early childhood trauma*
☐ Social skills	*Making or keeping friends*

ACADEMIC HISTORY

	Strong	Average	Weak
Reading	☐	☐	☐
Math	☐	☐	☐
Paying attention	☐	☐	☐
Resisting distractions	☐	☐	☐
Sitting still in class, not fidgety	☐	☐	☐
Behavior	☐	☐	☐

Academic Programming

☐ Special education ☐ IEP or 504 plan ☐ Retained

Diagnoses

☐ Learning Disability

☐ ADHD (diagnosed) ☐ ADHD (suspected)

Honors

☐ Advanced classes ☐ Academic honors

LEGAL

History of criminal charges: ☐ No ☐ Yes ☐ Was incarcerated