

NEUROPSYCHOLOGICAL HISTORY QUESTIONNAIRE
Confidential

Patient's Name: _____

[Completed By: _____ Relationship to Patient: _____]

Today's Date: _____

Patient's Date of Birth: _____ Current Age: _____

Gender: Female Male

Handedness: Right Left Both

Marital Status: Never married Married once Divorced
 Divorced, remarried Widowed Widowed, remarried

Ethnicity: African-American Hispanic Caucasian
 Native American Asian Other: _____

Address: _____ Day Phone: _____

_____ Evening Phone: _____

Referral Information

Person who referred
you for testing: _____

Address: _____

Phone: _____
Fax: _____

What is your understanding of why you are undergoing this evaluation? Include all pertinent facts, such as date of injury/illness, what happened, etc.:

Have you ever had any psychological or neuropsychological testing done before?

Yes No

If Yes, by whom:

Date(s):

Test(s):

Outcome:

Is this case involved in any litigation currently, or do you intend to pursue litigation in the future?

Yes No

If Yes, please describe:

Presenting Problems/Symptoms

Please describe what symptoms or problems are of most concern to you:

Please describe when and how you first became aware of these difficulties and whether they have gotten worse over time:
