

Assessment Intake

Name: _____ Date of Birth: _____ Handedness: Left or Right

Are you married, divorced, widowed, single, separated?

Do you have children?

What is your primary concern and reason for seeking an evaluation? Please provide dates and details.

Have you been hospitalized in relation to this concern: YES / NO. If yes, please request records and provide those at the appointment with Dr. Rice.

Have you ever completed a neuropsychological evaluation in the past? If so, please provide a copy of the report to Dr. Rice.

Did you have any imaging completed? Such as CT Scan and/or MRI? If so, please request that those records and provide those at the appointment with Dr. Rice.

Please provide a list of all current medications, including doses and prescribing doctor.

When was the last time you completed a full medical evaluation, including bloodwork?

Were there any outstanding results?

Please list any current medical conditions:

Please list all surgeries:

Have you ever experienced a stroke? YES/NO Or brain injury, including concussion?
YES/NO If so, please provide details.

When and where in your brain/on your head?

Did you notice any lingering problems after the brain injury/concussion?

Do you have any visual difficulties? YES/NO Do you wear glasses/contacts? When was
your last visual evaluation?

Do you have any hearing difficulties? YES/NO Do you wear hearing aids? YES/NO, If yes
in both ears/right ear only/left ear only? Have you had a hearing evaluation?

Have you noticed any weakness, numbness, tingling or tremors? If so, where?
And when did this begin?

Have you experienced any difficulties with urinary retention or incontinence?

Have you noticed any recent changes in memory? If so, please describe.

Have you noticed any recent changes in attention/concentration? If so, please describe
the changes and when they began.

Have you noticed any recent changes in prior skills in reading, math or writing? If so,
please describe the changes and when they began.

Do you drive? YES/NO Have you noticed any difficulties with driving and/or getting lost
while driving?

How many hours do you sleep per night (average)? Do you have difficulties falling asleep? YES/NO Do you have difficulties staying asleep? YES/NO Have you ever completed a sleep study? YES/NO What was the outcome?

Have you noticed any changes in your appetite?

Do you have any cravings?

Have you ever experienced any difficulties with eating?

Have you ever been to counseling/therapy? YES/NO If so, when and who did you see?

Have you been diagnosed with anxiety, depression, or any other mental distress? Please explain.

Have you ever self-harmed? YES/NO If so, how? And when was the last time?

Have you ever been a cigarette smoker? YES/NO If yes, do you still smoke? YES/NO How much do you currently smoke? If you quit smoking, when did you quit?

Do you drink alcohol? YES/NO What kind of alcohol?

How often do you drink?

Do you use any illicit substances? YES/NO If so, what substances do you use and how often?

Have you ever been treated for any addiction? YES/NO If so, when, and where?

Have you ever experienced trauma? Please explain.

What is your highest level of education?

Do you work? YES/NO If so, where? And for how long?

If you do not work, are you retired? When did you retire?

Tell me about your childhood:

Where were you born?

Did your mother encounter any difficulties during pregnancy or childbirth?

Did you meet all developmental milestones on time, such as walking, talking, and reading? YES/NO If not, please explain.

Did you have any childhood hospitalizations?

Did you have any learning difficulties as a child?

Where did you grow up?

Did your parents remain married? Describe your relationship with your parents.

Do you have siblings? Describe your relationships with your siblings.

Have you experienced any legal difficulties?

Where do you live now?

Do you complete all activities of daily living independently? Toileting? Showering?
Cooking? Cleaning? Paying your bills? Shopping?

If you do not complete any of the above independently, how much help do you receive?

Who lives with you?

What are your hobbies?