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Demographic Information

Name:____

Age:________________ Sex:________________

Date of Birth:________________

Home Address: ____
____
____

Today's Date: ____

Reason for seeking help: ________________________________
____

Childhood

Who was in your home when you were a child:
____
____
____

Where did you live?
____

What was your father's job?
____

What was your mother's job?
____

Were you adopted? Yes No

If yes, what was your age at the time?____________________

Gestational Risk Factors

Did anyone ever tell you or did you hear anyone talk about any of the following happening during your mother's pregnancy with you?

Mother ill (toxemia, anemia)	Yes	No
Mother took medication	Yes	No
Mother smoked cigarettes	Yes	No
Mother drank alcohol	Yes	No
Mother used illicit drugs	Yes	No
Premature birth	Yes	No

Was there anything else unusual about your mother's pregnancy?	Yes	No

If yes, please describe:____
____
____

Delivery Risk Factors:

Did any of the following happen at the time of your birth?

Fetal distress	Yes	No
Low birth weight (less than 5 lbs)	Yes	No
Breech birth with forceps delivery	Yes	No
Staying in the hospital longer than expected	Yes	No
Anoxia (lack of oxygen, blue baby)	Yes	No

Was there anything else unusual about your delivery	Yes	No

If yes, please describe:____
____
____

Temperamental Risk Factors

As an infant or toddler, did your parents or others describe you as having, or being any of the following?

High Activity level, unusually active	Yes	No
Impulsive	Yes	No
Fearful	Yes	No
Accident prone	Yes	No
Short attention span	Yes	No

Irritable	Yes	No
Poor adaptation to change	Yes	No
Colic	Yes	No
Frequent temper tantrums	Yes	No
Eating Problems	Yes	No
Sleep Problems	Yes	No
Clumsiness	Yes	No
Rigid, tense instead of cuddly	Yes	No

Is there anything else that may have described you as an infant or toddler? Yes No

If yes, please describe:____
____
____

Developmental Risk Factors

Did you ever hear that, as a child, you were

Slow to walk	Yes	No
Slow to talk	Yes	No
Difficult to toilet train	Yes	No
Slow to start to read	Yes	No

Was there anything else that you may have been slow to develop?

If yes, please describe:____
____
____

Environmental Risk Factors

As a child or adolescent, did you experience any of the following:

Significant loss or separation from a loved one	Yes	No
Sexual Abuse	Yes	No
Physical Abuse	Yes	No
Emotional Abuse	Yes	No
Violence in the family	Yes	No
Neglect	Yes	No
Extreme family stress	Yes	No
Economic problems/financial stress	Yes	No
Poor diet	Yes	No
Exposure to heavy metals (lead)	Yes	No

Did you experience any other traumas during your childhood?

If yes, please describe:____
____
____

Medical History Risk Factors

As a child, did you have any of the following:

Allergies	Yes	No
Asthma	Yes	No
Encephalitis	Yes	No
Meningitis	Yes	No
Fainting Spells/blackouts	Yes	No
Careless accidents	Yes	No
Frequent emergency room visits	Yes	No
Broken bones	Yes	No
Hospitalized for any reason	Yes	No
Loss of consciousness	Yes	No
Seizures	Yes	No
Head trauma	Yes	No

Were there any other medical problems during your childhood?

If yes, please describe:____
____
____

Elementary School Academic History

What elementary school did you attend?______________________________

During elementary school, were you in general (choose one)

a) usually above grade level
b) average—working at grade level
c) below grade level
d) needing extra help (e.g., learning assistance)

During elementary school, did any of the following ever happen to you?

Failed any grades	Yes	No
Retained in grade	Yes	No
Took special classes	Yes	No

Evaluated by school	Yes	No
Labeled by school	Yes	No
Had learning difficulties	Yes	No
Received tutorial assistance	Yes	No
Suspended from school	Yes	No
Reading problems	Yes	No
Arithmetic problems	Yes	No
Writing problems	Yes	No
Performance was variable or unpredictable	Yes	No
Told you were not achieving up to Your potential	Yes	No
Told you had a learning disability	Yes	No

Did any other significant events occur during elementary school?

If yes, please describe:____
____
____

Middle/High School Academic History

What middle school did you attend?_____________________________________

What high school did you attend?_______________________________________

During middle and high school, were you in general (choose one)

a) usually above grade level
b) average—working at grade level
c) below grade level
d) needing extra help (e.g., learning assistance)

During middle and high school, did any of the following ever happen to you?

Failed any grades	Yes	No
Retained in grade	Yes	No
Took special classes	Yes	No
Evaluated by school	Yes	No
Labeled by school	Yes	No
Had learning difficulties	Yes	No
Received tutorial assistance	Yes	No
Suspended from school	Yes	No
Reading problems	Yes	No
Arithmetic problems	Yes	No
Writing problems	Yes	No
Performance was variable or unpredictable	Yes	No

Told you were not achieving up to
your potential — Yes — No

Told you had a learning disability — Yes — No

Did any other significant events occur during middle or high school?

If yes, please describe:____

Were you ever diagnosed with Attention-Deficit/Hyperactivity Disorder or Attention Disorder as a child or adolescent? — Yes — No

As a child, did you ever see a professional such as a counselor, psychologist, or psychiatrist for any reason? — Yes — No

If yes, please describe:____

Family History Risk Factors

Is there anyone in your immediate family (e.g., parents, brothers or sisters, or your own children) who you think may have, or may have had a learning disability, whether or not they were ever diagnosed?

If yes, please describe:____

Are there any other relatives (e.g., aunts, uncles, cousins, nieces or nephews) who you think have a learning disability?

If yes, please describe:____

Adulthood

Educational History

These questions ask about you since the age of 18

Did you attend or are you attending any post-high school education (e.g., college or technical school) — Yes — No

Please list all schools/colleges

School	Dates	Major	GPA	graduated?	Degree obtained

Describe <u>current</u> educational concerns/problems:

____

____

____

____

____

____

What year are you currently (circle one)? Freshman Sophomore Junior Senior

Occupational History

What jobs have you had since high school?

Job	Dates	Job duties	why/how ended?

Social/Interpersonal History

Who currently resides in your home?

Relationship	Name	Current age

List any children living outside your home

____

____

____

Have you ever been married? Yes No

Health History

Are you currently in good health? Yes No

What was the date of your last physical?____

Do you have any major, chronic health conditions?

If yes, please describe:____

____

____

Are you currently taking any medications?

If yes, please describe:____

____

As an adult, have any of the following happened to you?

Hospitalized	Yes	No
Head injuries	Yes	No
Tourettes' syndrome	Yes	No
Thyroid problems	Yes	No
Seizures/epilepsy	Yes	No
Broken bones	Yes	No
Hormonal imbalance	Yes	No
Sensory deficits like hearing loss	Yes	No
High blood pressure	Yes	No
Heart disease	Yes	No
Diabetes	Yes	No
Migraines	Yes	No
Asthma	Yes	No
Glaucoma	Yes	No
Domestic Violence	Yes	No

Have you experienced any other medical problems during your adulthood?

If yes, please describe:____

____

____

Adult Psychological/Psychiatric history

As an adult, have you seen a counselor, psychologist, or psychiatrist for any reason?

Yes No

If yes, please describe:____

____

____

As an adult, have you taken any psychiatric medications?

Yes No

If yes, please describe:____
____
____

Do you, or did you, use any of the following substances:

Alcohol	Yes	No	Current usage (amount per day)__________
Cigarettes	Yes	No	Current usage (amount per day)__________
Coffee/tea/coke	Yes	No	Current usage (amount per day)__________

Have you used any illegal substances past or currently?______________________

Have you been in trouble with the law?___________________________________