

Personal & Developmental History Record

Name: _____ Birth date: _____ Age: _____

Address: _____

Contact number: _____

Have you ever had a psychological or neuropsychological evaluation previously? Yes No;

If Yes, when? _____

Primary Language: _____ Secondary Language: _____

Handedness: Right Left Mixed or ambidextrous

Current Diagnoses: _____

Current Medications (please list all medications and dosages): _____

DEVELOPMENT

Please fill in any information you have on the areas listed below:

Pregnancy and delivery

Were you premature? _____ Weight & height at birth: _____

Any birth complications or problems? _____

From your childhood:

Sleep patterns or problems: _____

Personality: _____

Did you have trouble making friends? Yes No

Did you have trouble keeping friends? Yes No

Education:

Highest grade completed: _____

Did you repeat any grades? (which ones) _____

Did you jump any grades? (which ones) _____

Were you previously tested for Special Education or Giftedness?

Identify any difficulties you believe you had in school:

Employment:

What is your current employment status (circle one)?

Full time Part time Unemployed Student
Homemaker Disabled

What is your current occupation? _____

How long have you worked at your present job? _____

Military:

Have you served in the military? Yes No; If yes, what branch; how long; are you a combat veteran?

Social History:

Current marital status: (circle one)

Single (never married) Married Divorced Separated Widowed

Number of Children: _____ Ages: _____

Number of Siblings: _____ Ages: _____

Special skills or talents:

Please list hobbies, sports, recreational, and general preferences etc.:

Please indicate if any of the following caused you significant difficulty as a child (place a C), or as an adult (place an A):

Hyperactive Aggressive Stubborn Anxious Eating
 Defiant Impulsive Inattentive Distractible Lying
 Memory Language Sleeping Fighting Shy
 Fearful Learning Stealing Depressed
 Withdrawn Destructive Motor skills

Behavior/Temperament

Please indicate (circle) whether you exhibit (or have regularly exhibited) any of the following behaviors:

Fail to give close attention to details (or makes careless mistakes)		YES	NO
Overreacts When Faced with a Problem	YES	NO	
Seems Unhappy Most of the Time	YES	NO	
Seems Uncomfortable Meeting New People	YES	NO	
Seems Overly Energetic	YES	NO	Has a Short Attention Span
Seems Impulsive	YES	NO	Lacks Self Control
Cannot Calm Down	YES	NO	Hides feelings
Withholds affection	YES	NO	Feels restless
Am forgetful in daily activities	YES	NO	

Is there anything else I should know that doesn't appear on this form, but that is or might be important? (use additional paper if necessary)