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SPECIAL NEEDS NEUROPSYCHOLOGICAL ASSESSMENT: BASIC HISTORY FORM

NOTICE TO PARENTS: This basic history form is designed to help us plan for a Special Needs Neuropsychological Assessment of your child. Everything you write on this form will be kept confidential (will not be released to other parties without your permission). If you are unsure of an answer to a question on this form or if a question does not apply to your child, don't worry. Just fill in the blanks as completely as your can, without making anything up ("I don't know" is an acceptable answer!). Please make an effort to write legibly. Thank you.

What is a Special Needs Neuropsychological Assessment? We utilize a custom/tailored, in-depth diagnostic assessment process, which incorporates diagnostic clinical interview followed by administration of various psychological and neuropsychological assessments designed to give us a meaningful picture of your child's current strengths and weaknesses. In addition to clarifying diagnostic questions, then, the assessment will identify clinical targets for care providers as well as provide a potential means (with reassessment) for tracking your child's treatment progress over time.

Today's Date: _____

Child's Name: _____

DOB (Age): _____ (____)

Parent Name(s): _____

Phone: _____

Phone: _____

Description of Primary Concerns at Present (i.e. Why are you seeking evaluation of your child?):

Has your child had a diagnostic evaluation before? (circle one) Yes No

If yes, when and by whom?

Date(s) of Previous Evaluation(s): _____

Name(s) of Previous Evaluator(s): _____

Report(s) Available for Review? (circle one) Yes No

If no, are you willing to sign a release so that we can request records? (circle one) Yes No

Briefly summarize the outcome of past diagnostic evaluation(s) as you recall them:

Has your child had a *neuropsychological* evaluation before? (circle one) Yes No

If yes, when and by whom?

Date(s) of Previous Evaluation(s): _____

Name(s) of Previous Evaluator(s): _____

Report(s) Available for Review? (circle one) Yes No

If no, are you willing to sign a release so that we can request records? (circle one) Yes No

Briefly summarize the outcome of past diagnostic evaluation(s) as you recall them:

Please describe briefly or list any problematic behaviors you are concerned might get in the way of a thorough assessment of your child.

Please describe briefly or list any concerns you have about your child's neurocognitive functioning (e.g., concerns about memory, language, attention, etc.).

Is your child toilet trained? (circle one) Yes No

Does/she still have accidents? (circle one) Yes No

If yes, describe briefly the nature and frequency: _____

Are there any known medical risk factors to cognition that Dr. Sarah should be aware of? If so, please briefly describe or list those below (e.g., history of head injury, known genetic abnormality, etc.).
