

**Office Use:**

Last Name: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Evaluation Time: \_\_\_\_\_

**CONFIDENTIAL PERSONAL HISTORY FOR ADULTS**

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

Profession: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Referred by: \_\_\_\_\_

May we send a thank you letter to your referral source? \_\_\_\_yes \_\_\_\_no

\_\_\_\_\_ has my permission to send a thank you letter to my referral source indicating that I have been seen for an evaluation. No other information will be released without written consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason(s) for your interest in having an assessment:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Single:\_\_\_\_\_ Married:\_\_\_\_\_ Separated:\_\_\_\_\_ Divorced:\_\_\_\_\_ Widowed:\_\_\_\_\_

Name of Spouse:\_\_\_\_\_

Names and ages of your children:

Name Age (N=natural A=adopted S=stepchild F=foster)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your current job or status as a student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you content with your current situation at home, work, or school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Please answer these questions as best you can about your own developmental history.

Family Background (N=natural, A=adopted, S=stepchild)

Name	Age	Education/Occupation
Father _____	_____	_____
Mother _____	_____	_____
Siblings _____	_____	N A S _____
_____	_____	N A S _____
_____	_____	N A S _____
_____	_____	N A S _____

Please describe any outstanding events which occurred during your mother's pregnancy, labor and delivery or other details regarding your birth experience.

\_\_\_\_\_  
\_\_\_\_\_

Please describe any outstanding events which occurred before school age (problems in motor development, health, language acquisition, major moves of the family, separation of parents, any traumatic events, etc.)\_\_\_\_\_

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Were you adopted? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, at what age?\_\_\_\_\_

Please describe any information you have about events preceding and following the adoption.\_\_\_\_

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## SCHOOL

Please outline any difficulties encountered at school.\_\_\_\_\_

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## HEALTH

Are you in good general health at the present time? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you taking any kind of prescribed medication? Yes \_\_\_\_\_ No\_\_\_\_\_

Name	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any major health problems, operations and/or illnesses you have had in the past.\_\_\_\_\_

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Have you suffered or are you presently suffering from any hearing or ear-related problems?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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Are you currently involved in any kind of therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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	Rarely	Sometimes	Often	Comments
Absent-Minded	_____	_____	_____	_____
Easily bored	_____	_____	_____	_____
Difficulty getting organized	_____	_____	_____	_____
Difficulty sleeping	_____	_____	_____	_____
Frequent tiredness	_____	_____	_____	_____
Difficulty regulating eating habits	_____	_____	_____	_____
Difficulty relaxing	_____	_____	_____	_____
Moodiness	_____	_____	_____	_____
Do you enjoy speaking in public?	_____	_____	_____	_____
Do you play a musical instrument? If yes, which one(s)?	_____	_____	_____	_____

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**OTHER**

Is there any other information you believe might be helpful to us in determining the suitability of our program for you? \_\_\_\_\_

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**GOALS/OUTCOMES**

Please be specific with regard to the goals and outcomes you would like to achieve. How will you measure or evaluate the success of achieving your goals?

**Goals/Outcomes****How Measured?**

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_