

NAME (Print): _____

DATE: _____

DOB: _____

Emanuel Troiani, Psy.D.

Licensed Clinical Psychologist, Neuropsychologist
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ADULT NEUROPSYCHOLOGICAL INTAKE QUESTIONNAIRE

1) Please explain in detail your concerns and reason for undergoing neuropsychological testing (attach additional pages, if necessary):

a) When did the problem start? Please provide any background leading up to your present concerns:

2. Medical History

a) Please list any significant medical history:

3) Developmental History

a) Please list the patient's developmental history:

4) Current Medications

a) Please list any current prescription or over the counter medications:

5) Is there any behavioral/psychological history to report (any problems with mood, anxiety, behavior, etc.)?

6) Treatment History

- a) Has the patient seen any counselors, taken any medication, etc.?

7) Educational History

- a) Describe any concerns related to academic or occupational performance (history of academic difficulty or difficulty in your job performance):
