NAME (Print):	DATE:	DOB:	

Emanuel Troiani, Psy.D. Licensed Clinical Psychologist, Neuropsychologist Certified School Psychologist

1018 N. Bethlehem Pike, Suite A-1 Lower Gwynedd, PA 19002

700 Horizon Circle, Suite 101 Chalfont, PA 18914 (215) 233-5688

ADULT NEUROPSYCHOLOGICAL INTAKE QUESTIONNAIRE

Please e ges, if n	ecess	ary):
a)	Wh	en did the problem start? Please provide any background leading up to your present concerns:
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a)	Wh	en did the problem start? Please provide any background leading up to your present concerns:
a) Medical		
	Histo	
Medical	Histo	ory
Medical	Histo	ory
Medical	Histo	
Medical	Histo	ory

3) Develop	omental History
a)	Please list the patient's developmental history:
4) Current	Medications
	Medications Please list any current prescription or over the counter medications:
a)	Please list any current prescription or over the counter medications: any behavioral/psychological history to report (any problems with mood, anxiety, behavior, etc.)?
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NAME (Print): _____ DATE: ____ DOB: ____

NAME (Pri	nt):	DATE:	DOB:
6) Treatme	ent History		
2)	Has the patient seen any counselors, taken	any modication of	c 3
a)	has the patient seen any counseiors, taken	any medication, et	C.:
->			
/) Education	onal History		
a)	·		rformance (history of academic
	difficulty or difficulty in your job performan	ce):	

	nt):		DOB:
ial Hi	istory		
		to social dovolonment or surrent	near relationships (difficulty
a)	Are there any concerns related t maintaining age-appropriate related to the maintaining age-appropriate related to the second se		peer relationships (difficulty
here	anything else you feel the doctor	should know?	
here 	anything else you feel the doctor	should know?	
here 		should know?	
here 			
here			

* IF THERE'S BEEN ANY PRIOR NEUROPSYCHOLOGICAL TESTING, PLEASE EMAIL/FAX THE REPORT(S) TO US AHEAD OF TIME, IF POSSIBLE, OR BRING THEM WITH YOU TO YOUR FIRST APPOINTMENT.

FAX#: 610-444-1737

Email: etroianineuro@aol.com