

NAME (Print): _____ DATE: _____ DOB: _____



North Penn Neuropsychological Services

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ADULT NEUROPSYCHOLOGICAL INTAKE QUESTIONNAIRE

COMPLETED BY: _____ RELATIONSHIP TO PATIENT: _____ DATE: _____

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:

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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.)?

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6) Treatment History

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

7) Educational / Occupational History

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

8) Social History

a) Are there any concerns related to social development or current peer relationships (difficulty maintaining age-appropriate relationships)?

NAME (Print): _____ DATE: _____ DOB: _____

9) Is there anything else you feel the doctor should know?

* 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.

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