

NAME (Print): \_\_\_\_\_ DATE: \_\_\_\_\_ DOB: \_\_\_\_\_



## North Penn Neuropsychological Services

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### CHILD 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):

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

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#### 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:

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### 4) Current Medications

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

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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.?

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7) Educational History

- a) Describe any concerns related to academic performance (history of academic difficulty):

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- 1) Is there any IEP/504 plan\*? How long has it been in effect?

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2) What are the patient's current grades?

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8) Social History

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

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

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***\* IF THERE'S BEEN ANY PRIOR ACADEMIC (OR OTHER NEUROPSYCHOLOGICAL) TESTING, OR IF THE PATIENT HAS AN IEP/504 PLAN, 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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