Debbie Anderson
Clinical Neuropsychologist

Neuropsychological Assessment - Client Details

All information is *confidential*

Please print all information clearly

Personal Information

Please circle: Mr / Ms / Mrs / Miss / Dr

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Telephones: _____ _____ _____

Home Work Mobile

Email: _____

Date of Birth: _____/_____/_____

Who do you reside with: _____ Relationship: _____

Are you able to drive? _____

Are you: ☐ Right handed ☐ Left handed ☐ Ambidextrous

Do you require? *If you do, please make sure that you bring them with you:*

☐ Glasses ☐ Hearing Aid

Have you had a neuropsychological assessment before? ☐ Yes ☐ No

If so, Name of neuropsychologist? _____ When was it? _____

Your main concerns (eg; memory, thinking, depression, pain):

_____

_____

_____

_____

_____

What treatment have you had so far?

Medical History (List any major illnesses or accidents, and approximately when they occurred):

_____

_____

_____

_____

_____

Current medications:

_____

_____

_____

_____

_____

Alcohol & drugs:

How often do you drink alcohol? _____

How much do you drink per occasion? _____

How often do you use other drugs (such as marijuana etc)? _____

What do you use? _____

Psychological or psychiatric treatment (lately or at any time in the past?)

_____

_____

_____

_____

_____

Any relevant family history?

_____

Do you suffer from?

☐ Colorblindness ☐ Blurred Vision

☐ Dizziness ☐ Irritability

☐ Pain

To help us understand what you have done in the past, and what types of training you have undertaken, please fill in all of this information.

At School

Tick all statements that apply to you:

☐ I worked hard at school
☐ I was bored at school
☐ I preferred the practical subjects
☐ I preferred sport or socialising to study
☐ I did well at school
☐ I found school difficult

Did you repeat any years? ☐ No ☐ Yes (which years?) _____

What is the highest year you have completed? _____

What final score did you obtain (if applicable)? _____ ☐ OP/ATAR ☐ Other _____
Please specify, eg TER

Were you ever diagnosed with ADD/ADHD/learning disorder? _____

What treatment did you receive? _____

Further Study

Have you undertaken any further study since leaving school? Please list **all** courses.

Course	Institution	Dates of study	Completed	
			Yes	No
eg: Bachelor of Arts	James Cook University	1992 - 1995	☑	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Hobbies/Sports

What hobbies/sports have you enjoyed in the past?

_____

_____

_____

What hobbies/sports do you enjoy now?

_____

_____

Occupational History

What occupations have you held? Start with your current one and work backwards.

Job title	Where	Approximate dates held
eg: Drinks Waiter	Brisbane Hilton Hotel	March 2001 – current

Cultural Identify

Did you need identify as: Aboriginal & Torres Strait Islander Yes / No

Do you primarily speak a language other than English? Yes / No

If so, what language?

Who filled this form in? _____

Did you need help in completing it? _____

What to expect:

The goal of neuropsychological assessment is to evaluate your concentration, memory, thinking, problem solving and other cognitive functions through completing cognitive tasks. A neuropsychological assessment may point to changes in brain function and suggest possible methods and treatments for rehabilitation. In addition to an interview where I will ask you questions about your background and current symptoms, we may use different techniques and standardized tests including asking questions, reading, drawing figures and shapes, viewing printed material and manipulating objects. You may even need to fill in some questionnaires or complete tasks on a computer.

For some individuals, assessments can cause fatigue, frustration and anxiousness. We try to cope with these by taking breaks throughout the day. It is important that you continue to take your medications as usual, and try to be well rested.

Now that you've put in this work please make sure that you return this form to us!

You may either:

- Email it: secretary@bnc.com.au
- Fax it: (07) 3832 6817
- Send it: Debbie Anderson, Suite 63, 6th Floor, Silverton Place, 101 Wickham Tce, Brisbane QLD 4000
- Bring it with you to your appointment