



# Campagnoni ~ Hartlen & Associates Psychologists

## Adult History Form for Psychoeducational Assessment

**\*\*PLEASE BRING TO APPOINTMENT AS WELL AS ANY OTHER DOCUMENTATION\*\***

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Assessment Date(s): \_\_\_\_\_

Chronological Age: \_\_\_\_\_

PLEASE DESCRIBE WHY YOU ARE BEING ASSESSED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU TAKE ANY MEDICATIONS? IF YES, PLEASE NAME TYPE AND REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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MEDICAL HISTORY: Have you been hospitalized, had any major illnesses, or accidents? No \_\_\_\_ or Yes

\_\_\_\_ If yes, please explain: \_\_\_\_\_

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**Last Vision Test and Results:**

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**Last Hearing Test and Results:**

**DID YOU EXPERIENCE ANY MAJOR STRESS RECENTLY: (conflicts, death, illness, divorce)?**

**No \_\_\_\_\_ Yes \_\_\_\_\_**

**If Yes, please explain when and what:**

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**PLEASE DESCRIBE ANY OTHER SPECIALISTS YOU ARE WORKING WITH, PAST OR PRESENT:  
(therapists, speech language, etc.)**

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**EDUCATIONAL HISTORY**

**PLEASE PROVIDE ANY FAMILY HISTORY OF LEARNING OR BEHAVIORIAL DISORDERS:**

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**Describe any Difficulties in the Following Areas (Feel free to use the back of page as well):**

**Reading:**

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**Math:**

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**Recording ideas:**

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**Pencil Skills/Copying:**

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**Peer Relationships:**

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**Concentration/Attention:**

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**PLEASE DESCRIBE YOUR BEST QUALITIES AND STRENGTHS:** \_\_\_\_\_

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**ADDITIONAL COMMENTS OR QUESTIONS:** \_\_\_\_\_

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**COMPLETED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_