



Toni Campagnoni
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ADULT HISTORY FORM



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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:

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

___ If yes, please explain: _____

Last Vision Test and Results:

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:

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

EDUCATIONAL HISTORY

PLEASE PROVIDE ANY FAMILY HISTORY OF LEARNING OR BEHAVIORAL DISORDERS:

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

Reading:

Math:

Recording ideas:

Pencil Skills/Copying:

Peer Relationships:

Concentration/Attention:

PLEASE DESCRIBE YOUR BEST QUALITIES AND STRENGTHS:

ADDITIONAL COMMENTS OR QUESTIONS:

COMPLETED BY: _____

DATE: _____