TRIANGLE NEUROPSYCHOLOGY SERVICES, PLLC
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PRESENTING PROBLEM

1) Please briefly describe what problem(s) with thinking you are experiencing:

_____

_____

_____

2) Please describe how long you have been experiencing these problems and a brief description of the course (for example, gradual onset starting 3 years ago but a more noticeable decline in the past 6 months).

_____

_____

_____

3) Which of the following has this problem affected (select all that apply)?
    a. None
    b. School Performance
    c. Work Performance
    d. Personal Relationships
    e. Physical Health
    f. Mental Health
4) In your opinion, how severe is this problem?
    a. Mild
    b. Moderate
    c. Severe
    d. So bad that you are unable to meet any responsibilities
5) Have you been treated for this problem before?
    a. Yes
    b. No
6) If yes to question 5, how have you been treated (select all that apply)?
    a. Stimulant medication (e.g., Ritalin, Adderall)

b. Non-stimulant medication (e.g., Strattera, Intuniv)

c. Psychotropic medication (e.g., antidepressant such as Lexapro)

d. Counseling/therapy

e. None

7) What other problems are you having (select all that apply)?

a. None

b. Depression

i. Are you being treated for this problem? If so, how: _____

c. Anxiety

i. Are you being treated for this problem? If so, how: _____

d. Cognitive problems

e. Problems with marriage/romantic relationships

f. Problems with family

g. Problems with job/employment

h. Problems with alcohol/substance use

i. Criminal charges

j. Other: _____

8) Have you noticed any of these additional symptoms? Please check those that apply to you.

a. <u>Attention/Executive Function</u>

i. Easily distracted

ii. Difficulties staying on task

iii. Trouble with organization

iv. Giving up easily on difficult tasks

v. Fidgety/Restless

vi. Impulsive

vii. Poor decision-making

viii. Difficulty with time management

ix. Other: _____

b. Memory

i. Asking same question repeatedly

ii. Difficulty making or keeping appointments

iii. Forgetting recent conversations

iv. Forgetting why you went into room

v. Forgetting where things are located

vi. Getting lost/disoriented

vii. Difficulty recognizing familiar people

viii. Other: _____

c. Language

i. Trouble finding the right words

ii. Trouble reading

iii. Mispronouncing words

iv. Handwriting has deteriorated

v. Other: _____

d. Visuospatial function

i. Confused or disoriented in stores or parking lots

ii. Getting lost easily even on familiar routes

iii. Difficulty driving/accidents

iv. Other: _____

e. Emotional/Personality

i. Lacking motivation

ii. Sadness

iii. Anxiety/worry

iv. Social isolation (not due to Covid-19)

v. Inappropriate behavior

vi. Personality changes

vii. Other: _____

PAST MEDICAL HISTORY

Please check all medical conditions that you have or have had in the past:

I. EYE & EAR PROBLEMS

a) Cataracts
b) Glaucoma
c) Macular degeneration of the eye
d) Hearing loss/hearing aid
e) Other:

_____

II. HEART PROBLEMS

a) Heart attack: year_____
b) Heart failure
c) High blood pressure
d) Irregular heartbeats (arrhythmias)
e) Other:

_____

III. LUNG PROBLEMS

a) Asthma
b) Bronchitis
c) Emphysema/COPD
d) Other:

_____

IV. BONE & JOINT PROBLEMS

a) Arthritis
b) Osteoporosis
c) Gout
d) Fractured wrist / hip / spine (circle all that apply)
e) Other:

_____

V. GLAND PROBLEMS

a) Diabetes
b) Hyperthryoid (overactive / high)
c) Hypothyroid (underactive / low)
d) Other:

_____

VI. KIDNEY & URINARY TRACT PROBLEMS

a) Kidney disease
b) Prostate disease
c) Frequent bladder or kidney infections
d) Urinary incontinence
e) Other:

_____

VII. GASTROINTESTINAL PROBLEMS

VIII. NERVOUS SYSTEM PROBLEMS

a) Ulcers
b) Heartburn / hiatal hernia
c) Diverticulosis
d) Liver disease/Cirrhosis
e) Hepatitis
f) Polyps
g) Gallbladder disease
h). Other:
_____

a) Stroke
b) Dementia or Alzheimer's Disease
c) Parkinson's Disease
d) Epilepsy or Seizures
e) Head Injury; how many? _____
f) Exposure to toxins
g) Other:
_____

IX. OTHER HEALTH PROBLEMS

a) High Cholesterol
b) Hernia
c) Allergies (specify):
_____

d) Cancer (of what):
_____

f) Anemia
g) Thrombosis (blood clots)
h) Sexual function problems (specify):
_____

h) Psychiatric problems (depression, anxiety, psychosis, etc.)

IX. RECENT MEDICAL SYMPTOMS

a) Loss of consciousness or near fainting
b) Dizziness
c) Migraines
d) Changes in smell
e) Hallucinations
f) Changes in appetite
g) Loss of urine or getting wet
h) Numbness or arm/leg weakness
i) Sleep problems
j) Tremor or Shaking
k) Problems with falling
l) Covid-19 infection; when? _____

List surgeries:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

List Other Hospitalizations:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Do you currently use tobacco products?
    a. No, never
    b. No, but I did in the past
    c. Yes, e-cigarettes/vape pen
    d. Yes, traditional cigarettes
        i. How much do you smoke per day? _____
    e. Yes, smokeless tobacco
    f. Yes, other: _____
2. How long have you been smoking (or did you smoke)?
    a. Less than one year
    b. 1-5 years
    c. 5-10 years
    d. 10-20 years
    e. More than 20 years
3. Do you drink alcohol?
    a. No, never
    b. Rarely/Occasionally
    c. Regularly
        i. How often? _____days per week
    d. Daily
4. How many drinks do you usually have per occurrence?
    a. N/A
    b. One
    c. Two
    d. Three
    e. Four
    f. Five or more
5. Do you use any illegal drugs?
    a. No, Never
    b. No, but I did in the past

   c. Occasionally
   d. Regularly
      i. How often? _____days per week
   e. Daily
6. Which illicit drugs do you/did you use (select all that apply)?
   a. Recreational; _____
   b. Prescription; _____
   c. Narcotics; _____
   d. Other: _____
7. Has there been a recent change in your appetite/weight (select all that apply)?
   a. No
   b. Yes, weight gain
   c. Yes, weight loss
   d. Yes, loss of appetite
   e. Yes, increased appetite
   f. Changes in tastes
8. How much sleep do you usually get in a 24-hour period? _____
9. What problems do you have with your sleep?
   a. None
   b. Trouble falling asleep
   c. Trouble staying asleep
   d. Waking up too early
   e. Sleep too much
   f. Restlessness
   g. Snoring
   h. Sleep enough, but don't feel rested
   i. Other: _____
10. Have you ever been diagnosed with Covid-19?
   a. Yes; when? _____
   b. No
11. Have you received the Covid-19 vaccination?
   a. Yes, both doses of 2-dose option (e.g., Moderna, Pfizer); last dose was when? _____
   b. Yes, one dose of 2-dose option; first dose was when? _____
   c. Yes, one dose of 1-dose option (e.g., Johnson & Johnson); when? _____
   d. No, but planning to get vaccinated
   e. No, **not** planning to get vaccinated

DEVELOPMENTAL/SOCIAL HISTORY

1. To your knowledge, what were the conditions of your birth (select all that apply)?
   a. Don't know

   b. Normal, no problems
   c. Premature; how early? _____
   d. Long labor
   e. Complications with delivery
   f. Stay in NICU; how long? _____
   g. Other: _____
2. To your knowledge, when did you learn to walk and talk?
   a. Don't know
   b. At the normal age
   c. Earlier than most children
   d. Later than most children
      i. How old? _____
3. Who raised you (e.g., biological parents, adoptive parents, grandparents, etc.)?

   _____
4. How many siblings do you have? _____
5. Where were you born?
   a. United States; state? _____
   b. Other: _____
6. Is English your first language?
   a. Yes
   b. No; what is your first language? _____
   c. Other languages spoken: _____
7. How would you describe your family relationships while you were a child?
   a. Warm, close
   b. Cold, distant
   c. Supportive
   d. Unsupportive
   e. Marked by frequent arguments
   f. Marked by physical fights/violence
   g. Excessive discipline
   h. No discipline
   i. Neglectful
   j. Other: _____
8. How would you describe yourself as a child?
   a. Active
   b. Passive
   c. Happy/content
   d. Unhappy
   e. Calm
   f. Nervous
   g. Fearful

   h. Moody
   i. Outgoing
   j. Shy
   k. Lonely
   l. Quiet
   m. Noisy
   n. Coordinated
   o. Clumsy
   p. Intelligent
   q. Dull
   r. Other: _____

9. What is your current marital status?
   a. Never married
   b. Never married, but living with partner
   c. Married
   d. Civil Union/Common Law Marriage/Life Partner
   e. Divorced
   f. Divorced, but living with partner
   g. Separated
   h. Separated, but living with partner
   i. Widowed
   j. Widowed, but living with partner
   k. Other: _____
10. How many times have you been married?
   a. None
   b. One
   c. Two
   d. Three
   e. Four or more
11. Do you have any children?
   a. No
   b. Yes, _____ children
      i. Ages? _____
12. Who do you live with?
   a. Self
   b. Friends
   c. Romantic Partner
   d. Children
   e. Family; who? _____
   f. Other: _____
13. What is your employment status?

a. Unemployed
b. Student
c. Employed part-time
i. Job: _____
d. Employed full-time
i. Job: _____
e. Homemaker/Parent
f. Disabled
g. Retired
h. Other: _____

14. What is your current partner's employment status?
    a. Unemployed
    b. Student
    c. Employed part-time
        i. Job: _____
    d. Employed full-time
        i. Job: _____
    e. Homemaker/Parent
    f. Disabled
    g. Retired
    h. Other: _____

EDUCATION HISTORY

1. What is the highest level of education you completed?
    a. Less than high school
        i. What grade did you complete? _____
        ii. Did you earn a GED? _____
    b. High School Graduate
    c. Some college
        i. How much? _____
    d. Associate's degree
        i. In what field? _____
    e. Bachelor's degree
        i. In what field? _____
    f. Post-graduate work but no degree
        i. In what field? _____
    g. Master's degree
        i. In what field? _____
    h. Doctorate/JD
        i. In what field? _____

2. Which of the following describes your experience in grade school (select all that apply)?
    a. Normal/no problems
    b. Had special classes for a learning disability
        i. What disability? _____
    c. Had to repeat a grade
        i. Which one(s)? _____
    d. Had special tutoring
3. Which of the following describes your experience in grade school (select all that apply)?
    a. Enjoyed school
    b. Disliked school
    c. Had many friends
    d. Had a few friends
    e. Had no friends
    f. Were bullied
4. Which of the following describes your experience in grade school (select all that apply)?
    a. None
    b. Rarely got into trouble
    c. Frequently got into trouble
    d. Had to be disciplined frequently (e.g., sent to principle, detention, etc.)
    e. Were suspended
    f. Were expelled
    g. Other: _____
5. Have you ever served in the military?
    a. No
    b. Yes, currently serving in _____
    c. Yes, previously served in _____

Thank you for your cooperation and patience in completing this form!