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Name: _____ Ethnicity: _____

Sex: _____ Marital Status: S M D W Native Language: _____

Age: _____ Date of Birth: / / Handedness: R L A

Who referred you for this evaluation? _____

Why were you referred? _____

<u>Family Medical/Psychiatric:</u>	<u>Highest Educational Level:</u>	<u>Health Problems:</u>	<u>Psychiatric</u>
<i>Mother</i>			
<i>Father</i>			
<i>Siblings</i>			

Has anyone in your extended family (e.g., Aunts, Uncles, Cousins, Grandparents) been diagnosed with:

Alzheimer's Disease Vascular Dementia Frontotemporal Dementia Other Dementia

ADHD Stroke Parkinson's disease Brain Tumor Epilepsy

Where were you born? _____ Where did you grow up? _____

Where do you currently live? _____ Have you recently moved? _____

Developmental History:

Were there any complications with your birth? _____

Did you have any delays in learning to walk/talk/read/toilet? _____

Did you have any major childhood illnesses? _____

Academic History:

Were you ever required to repeat a grade? _____ Did you receive special education? _____

Did you graduate high school? _____ If no, highest grade level *completed*: _____

Did you attend college? _____ If yes, what was your major? _____

Name of college(s): _____ Highest degree attained: _____

Employment History:

What did you do for your longest job/career? _____

When did you last work? _____ Are you retired? _____

What was your most recent job? _____ Have you had performance problems at work? _____

Are you on, or planning to apply for, disability? _____

Marital Status:

Number of times married:

Years currently married:

Spouse's occupation:

Spouse's health status:

Do you have children?

If so, how many?

Children's health/psychiatric problems:

Do you feel that you have adequate family/social support?

Who currently lives with you?

Is this evaluation in relation to any ongoing or upcoming lawsuit?

Medical and Psychiatric History:

Medical Conditions:

Have you ever been diagnosed with any of the following? (circle)

Headaches	Lightheadedness	Fainting	Dizziness	Weakness	Numbness/
Poor balance	Problems speaking	Eye problems	Hearing problems	Problems urinating	Constipation
Unplanned weight change	Hallucinations	Problems swallowing	Learning Disability	High blood pressure	Diabetes

Prior hospitalizations:

Prior surgeries:

Have you ever had a serious head injury?

If so, did you lose consciousness?

Do you regularly exercise? If so, how often?

Have you had any imaging of your head/brain? CT MRI SPECT DAT EEG

If so, when was your most recent scan?

Current medications:

Have you ever had neuropsychological testing? Y N

If so, when?

Substance Use/Abuse/Dependence:

Do you use:	Cigarettes/Tobacco	Y	N	_____ Packs/day	How often?
	Alcohol	Y	N	_____ Drinks/week	How often?
	Illicit Drugs	Y	N	How much?	How often?
	Caffeine	Y	N	How much?	How often?

Current Problems:

Have you noticed any problems in your thinking abilities?

If so, when did they start?

Have they become better, worse, or stayed the same?

Have you noticed changes in your ability to (circle all that apply):

Pay attention to conversation	Remember old information	Stop yourself from doing things	Think quickly
Pay attention to TV/books	Remember recent events	Navigate without getting lost	Drive
Censor yourself	Plan/organize daily tasks	See Hear Smell Taste Touch	Balance yourself
Remember names	Multi-task	Talk without Repeating yourself	Walk
Find objects	Find words	Understand words	Speak

Have any of your friends or family members noticed?

If so, what have they noticed?

Have you noticed any changes to your mood?	Have you noticed any changes to your personality?

Have you ever had:	<i>Past</i>	<i>Current</i>	Do you have changes in:	
Anxiety/nerves	Y	Y	Appetite	Y
Panic attacks	Y	Y	Weight	Y
PTSD	Y	Y	Sleep	Y
OCD	Y	Y	Energy level	Y
Phobias	Y	Y	Stress	Y
Suicidal thoughts	Y	Y	Home environment	Y
Suicide attempt	Y	Y	Medications	Y
ECT	Y	Y	Occupation	Y

Have you ever seen a psychiatrist?	Do you currently see a psychiatrist?
Have you ever seen a psychologist/therapist?	Do you currently see a psychologist/therapist?

Have you ever been hospitalized for a psychiatric reason?

How has your mood been?

Any other comments?