

**Kemper & Associates Neuropsychological Services**

13575 W. Indian School Rd, Unit 500, Litchfield Park, AZ 85340

Ph. 623-312-3713\*\*\*Fax 623-328-9352

**Background Information (for parents)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Where may we leave a message? \_\_\_\_\_

*In Case of an emergency for your child please notify:*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Why are you seeking evaluation for your child? \_\_\_\_\_

Name & Phone # of referring doctor for evaluation: \_\_\_\_\_

Will your child's evaluation be requested by anyone else besides the referring physician? \_\_\_\_\_

Will your child's evaluation be requested by an attorney or used for legal purposes? \_\_\_\_\_

Is there a history of this problem or a precipitating event? \_\_\_\_\_

Was there a previous evaluation? \_\_\_\_\_ If so, with who? \_\_\_\_\_

**The following information refers to information about you personally. In order to fully evaluate your child, it is important for us to know information about the environment surrounding the child.**

Never married \_\_\_\_\_ living with someone since \_\_\_\_\_ Married since \_\_\_\_\_ Separated since \_\_\_\_\_

Divorced since \_\_\_\_\_ Widowed since \_\_\_\_\_ # times married \_\_\_\_\_ # children \_\_\_\_\_

Son's age \_\_\_\_\_ Daughter's ages \_\_\_\_\_

Significant Other Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Excluding yourself, who lives in your household? \_\_\_\_\_

What current social, family, spiritual, or other supports do you have? \_\_\_\_\_

What coping strategies/hobbies do you have? \_\_\_\_\_

List current medications & prescribed by who: \_\_\_\_\_

Allergies: \_\_\_\_\_

History of trauma or abuse (physical, sexual, or emotional): \_\_\_\_\_

Educational Background (include highest level of education) \_\_\_\_\_

Occupational Background (include jobs held for past 5 years) \_\_\_\_\_

History of arrests, court proceedings or other legal issues which have you have been involved \_\_\_\_\_

Current or chronic health problems: \_\_\_\_\_

Previous Counseling (including provider names, dates and place) \_\_\_\_\_

Previous Hospitalizations for emotional or substance abuse problem (include dates and places) \_\_\_\_\_

History of medications for emotional/ substance abuse problems \_\_\_\_\_

**Substance Use**

(0= no use, 1=use, please list how much and how often, 2= addiction; 3= currently in treatment)

Alcohol \_\_\_\_\_ Illicit drugs \_\_\_\_\_ Tobacco \_\_\_\_\_ Caffeine \_\_\_\_\_

Past Use of Drugs (specify) \_\_\_\_\_ When Last Used \_\_\_\_\_