Neuroeducation, Inc., P.C.

Psychological & Educational Evaluations & Treatment

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Spokane, WA 99201
509-747-0165
www.neuroeducation.com

Were you were referred to us by: Doctor ( ) _____(name)
Teacher ( ), Friend ( ), Relative ( ), Other ( )_____

If not referred, how did you find us? Internet search ( ), Advertisement ( ),
Phone Book ( ), Other ( )_____

Today's Date_____

Name_____ Birthdate_____ Age_____

Home Address_____ City_____State/Zip_____

Social Security Number_____ Work Phone_____

Home/Cell Phone_____ Email_____

Employed by_____ Occupation_____

Insurance_____ Policy Number_____

Living with Spouse/Significant Other?_____ Name_____

Children?_____Names/Ages_____

_____

High School_____If Graduate, Year_____

College_____Major_____If Graduate, Year_____

Family Physician _____Phone_____Fax_____

Are you taking any medication(s) now? Yes ( ) No ( )

_____

MEDICAL HISTORY

Have you had:

	Yes	No	Age		Yes	No	Age
Meningitis	___	___	___	Asthma	___	___	___
Encephalitis	___	___	___	Seizures	___	___	___
High Fever	___	___	___	Head Injury	___	___	___
Ear Infections	___	___	___	Hospitalized	___	___	___
Allergy	___	___	___	Operations	___	___	___
Extended Illness	___	___	___	Broken Bones	___	___	___

Describe those above_____
_____
_____

Describe any current medical conditions
_____
_____
_____

Have you had previous counseling or therapy of any kind?
When_____
Why_____
Name of Therapist _____