
Patient Questionnaire

John A. Bartok, Ph.D., Ltd.
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(847 714-9492)

Date: _____

Demographic Information

Name _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Place of Birth: _____

Current Address: _____

Phone #: _____ Alternate Phone #: _____

Email: _____

Occupation / School _____

Handedness: _____ Marital Status: Single Married Divorced Remarried

Referral Information

Who referred you to our service?

Name: _____ Phone Number: _____

Address: _____

Current Concern:

What concerns do you have and why are you seeking help this time?

School History

List the names and locations of schools attended: Grades attended: GPA:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Information

Name	Profession	Education
Father _____	_____	_____

Mother _____	_____	_____
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Medical History – Please describe any problems or diagnoses that apply to you or any member of your family (parents, siblings, grandparents, aunts, uncles, cousins)

1. General Medical History (Such as heart attack, diabetes, chronic fatigue syndrome, back pain)

If so describe: _____

2. Neurological History (Such as meningitis, encephalitis, stroke, brain hemorrhage, sleep disorder, head injury, coma, loss of consciousness, tumor, headaches, seizures, tics, Tourette’s Syndrome, fainting, tremors, vertigo cerebral palsy, multiple sclerosis, Alzheimer’s Disease or others)?

If so describe: _____

3. Academic/Learning Disabilities (Such as: a learning disability, dyslexia, hyperlexia, ADD/ADHD, autism, Asperger’s syndrome, mental retardation, or language, visual spatial, auditory or executive function processing deficits, or others. Include any special services or tutoring)

If so, describe: _____

4. Psychological/Psychiatric (Such as depression, mood disorder, anxiety, obsessive compulsive disorder, oppositional defiant disorder, conduct disorder, bipolar disorder, schizophrenia, or others)

If so, describe: _____

5. Please list current medications and any other medications taken for more than 3 months

Current: _____

Other: _____

Work History

Please list any jobs that you have held and the approximate dates of employment:
