Neurotherapy Associates of Texas

INTAKE INFORMATION

Personal Information:

Name:_____

Birth Date:_____ Age:_____ Last Grade Completed:_____

School Information:

School: _____ Public:_____ Private:_____

If public, name of school district: _____

Teacher:_____ Current Grade:_____

Principal:_____ School Counselor:_____

Name of responsible party:_____

Address:_____

City, State, Zip:_____

Home Phone: _____ Cell Phone: Mother_____

Work Phone: _____ Cell Phone: Father _____

1) How did you hear about our program? Friend_____ Ad_____ Other_____

2) Has your child previously been evaluated for ADD/ADHD? Yes_____ No_____

If yes, please state when, by whom, and results if known:_____

_____

_____

3) Name of client's primary care physician _____

Other medical problems:_____

_____

(over)

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4) Please list current medications your child is taking, the condition for which the medication is taken and approximate date medication began. If your child is not taking any medication, please write "none."

_____ _____
_____ _____
_____ _____
_____ _____

5) Please indicate if there is a family history of any of the following by placing the appropriate letter in the spaces below:

F-Father	M-Mother	S-Sister	B-Brother
GF-Grandfather	GM-Grandmother	A-Aunt	U-Uncle

Attention Deficit Disorder (ADD)	_____	Alcoholism	_____
ADD with Hyperactivity	_____	Drug Abuse	_____
Learning Disorders	_____	Depression	_____
Dyslexia	_____	Other	_____

6) What specific problem(s) prompted you to seek our services?_____
_____
_____

7) What is your child's current average letter grade? _____

8) At what age did you first notice your child having attention, hyperactive, or impulsivity problems? _____

9) What do you hope to gain from this training?_____
_____
_____
_____

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