Portsmouth Neuropsychology Center, LLC
501 Islington Street; Suite 1F
Portsmouth, NH 03801
Ph. (603) 433-0800
Fax (603) 297-2913

HISTORY FORM

Name _____ Date _____

Address (Street, City, ST, Zip) _____

_____

Phone (H) _____ (W) _____ (Cell) _____

Email: _____

Age _____ Birthdate _____ Religion _____ Sex _____

Years of Education_____ Marital Status_____

Current Occupation/Place of Employment_____

How long at this job?_____

List Medical Problems, if any_____

_____

_____

Medication(s) _____

Primary Care Physician _____ Ph. Number _____

Person to contact in case of emergency _____
Phone number _____

Who referred you? _____

Describe your reasons for seeking treatment. _____

_____

_____

_____

Have you been in therapy in the past? _____

If so, what was the experience like for you?_____

_____

_____

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