

Portsmouth Neuropsychology Center, LLC

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Portsmouth, NH 03801

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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? _____
