



## ADULT ASSESSMENT - CONFIDENTIAL CASE HISTORY FORM

### Personal Details

Name: \_\_\_\_\_ Male  Female:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Referred by: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Student: \_\_\_\_\_ Employer: \_\_\_\_\_

Educational Provider: \_\_\_\_\_

Do you live: With Spouse/Partner  With Parents  Alone  Other  (please specify): \_\_\_\_\_

Reason for referral for an assessment: \_\_\_\_\_

\_\_\_\_\_

### Patterns of Development

Do you read for:      Work   
                                    Pleasure (books)   
                                    Information (newspapers)

What subjects did you enjoy at school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What subjects did you have difficulty with at school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Medical History**

Have you had any significant health issues, operations or accidents? Yes  No

If yes, what ? \_\_\_\_\_

Has your vision been assessed? Yes  No  Please attach copy of report

Name of Specialist: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Has your hearing been assessed? Yes  No  Please attach copy of report

Name of Specialist: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Are you currently under a doctor or specialist and/or taking medication? Yes  No

If yes, what for: \_\_\_\_\_

Name of Specialist: \_\_\_\_\_ Medication: \_\_\_\_\_

Were there any events in your life that may have contributed to your learning difficulties?

\_\_\_\_\_

Have there been any other assessments? Yes  No

SPELD: ; Speech Therapy: ; Psychologist:  Other:

Name of Assessor: \_\_\_\_\_ Please attach copy of report

**Patterns at School:**

Started school at \_\_\_\_ years old. How many schools since age 5: \_\_\_\_\_

Was attendance regular? Yes  No

What age were you when you left school? \_\_\_\_\_

What was your highest school qualification? \_\_\_\_\_

List qualifications gained since leaving school: \_\_\_\_\_

\_\_\_\_\_

Did you receive support for learning difficulties either in school or privately? Yes  No   
(eg Reading Recovery, SPELD).

If yes, please state: \_\_\_\_\_

Was your learning difficulty identified by? Parent: Yes  No

Teacher/School: Yes  No

Other Professional: Yes  No

Other: Please state: \_\_\_\_\_

Estimate your general intelligence: Above Average

Average:

Below Average:

