

CASE HISTORY

The following questionnaire has been composed in order to help in compiling as complete a picture as possible. Please complete the questionnaire as accurately as you can.

ALL INFORMATION IS STRICTLY CONFIDENTIAL.

Full name: _____

Male/Female (circle one)

Date of birth: _____ Age: _____

Street address: _____

Postal address: _____

Postal code: _____

Contact details: Home: _____ Work: _____ Cell: _____

Email address: _____

Alternative person to contact in case of emergency; Name: _____

Relationship: _____ Numbers: _____

Medical aid name: _____ Medical aid number: _____

Members name: _____

Members ID number: _____ Dependents number: _____

If there is anything specific I need to know before the assessment, please contact me before the date (such as use of a wheelchair, hearing aids, neurological conditions, language difficulties, etc.)

If there are any sections you are unable to complete, please leave them blank and we can discuss them during your appointment.

Reason for referral: (please complete this section with as much detail as possible!)

Referred by: _____

Reason: _____

Educational history:

Last school and grade completed: _____

Did you ever repeat grades, if so which? _____

Tertiary education completed? Give details about degrees, diplomas, courses attended etc. _____

Current course and institution: _____

Did you experience any difficulties while studying in your primary, secondary or tertiary years? If so what? _____

Have you attended short workshops or courses since finishing your studies (either self-motivated or arranged by your employer?) Please list details: _____

Work/employment history: _____

Careers you are interested in: _____

Languages spoken: _____

Health:

To the best of your knowledge, please report whether you have suffered or are suffering from any major **illnesses** _____

Prior hospitalisations: (please include date and reason for hospitalisation.) _____

Significant head trauma: (please include date and nature of accident.) _____

Allergies: (including asthma, eczema and hay fever) _____

Current medication: _____

Current supplements or vitamins: _____

Eyesight: (please include date and result of assessment.) _____

Hearing: (please include date and result of assessment.) _____

Concerns about your current **sleeping** or **eating** patterns? _____

Have you experienced a **traumatic event**; for example, divorce, death, violence, etc.? Please give details;

Do you have any **physical/health, learning** or **psychological** difficulties that may limit your career choice or work environment? _____

Please list whether anybody in your family has experienced **attention** or **learning difficulties**, or if there is a family history of depression, anxiety or other **psychological** complaints. _____

Have you been **previously assessed** and/or attended any of the **therapies** or **extra/remedial lessons** (when at school or more recently). Please provide information of diagnoses and treatment if pertinent. _____

Please briefly describe your:

Career progress: _____

Academic progress; _____

Sporting progress: _____

Creative attributes: _____

What are your current **challenges** that you would like assistance with? _____

What are your current **interests**, sporting activities and hobbies? _____

Please add anything here that you feel is important but was not covered by the questionnaire:

It is important to note that coming for an assessment is an automatic acceptance of the terms and conditions as laid out in the client information document whether you have signed the document or not.

Thank you for your cooperation in completing this form.