

**ADULT HISTORY FORM**

Please note that we will go over all of this information in person, as well.

Date \_\_\_\_\_ Form was completed by: Self \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Client's Name \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

If client is under guardianship:

Responsible Party \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Client lives with:

\_\_\_\_\_

How did you learn about NDM? (Be specific)

\_\_\_\_\_

List your concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List goals and expectations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HISTORY (Birth to Present)**

Any information you have about your history will be useful.

Anything that you cannot provide easily, feel free to leave blank.

If adopted, what was the pre-adoption environment? (History of abuse or neglect?)

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Gestational/Birth information - if known.

Client's birth weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz.      Length of pregnancy \_\_\_\_\_ weeks

Pregnancy or birth complications (list/describe):

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Accidents - blows to the head, broken limbs, etc. (list/describe):

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Illnesses, including ear infections/respiratory problems, high fevers (list ages involved/describe):

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Surgeries/hospitalizations (identify, including age at time of event):

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Seizures (list ages and describe in detail):

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Current Medications (include dosage):

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**DEVELOPMENTAL** - indicate the age in months and years these developmental steps were achieved.

(Feel free to leave blanks where there is no available information.)

Crawled (on stomach)	_____
Crept (on hands and knees)	_____
Walked	_____
Toilet trained	_____
First word	_____
Use of two-word couplets	_____

**PHYSICAL** - Give insight and comments for the following areas:

Muscle tone (low or high)

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Gross motor

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Fine motor

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Balance

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Walking/running

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Articulation

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Stammer/stutter

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**ACADEMICS** - indicate if there are any concerns in the following areas:

Reading fluency \_\_\_\_\_

Reading comprehension \_\_\_\_\_

Letter reversals/mirror writing \_\_\_\_\_

Language fluency \_\_\_\_\_

Math computation \_\_\_\_\_

Math concepts \_\_\_\_\_

Math word problems \_\_\_\_\_

Memory \_\_\_\_\_

Logical thinking \_\_\_\_\_

Poor at testing \_\_\_\_\_

Stress \_\_\_\_\_

**BEHAVIOR** - on a scale of 0-5 (0 indicating no concern, 5 indicating highest level of concern)

Short attention span \_\_\_\_\_

Destructive \_\_\_\_\_

Hyperactive \_\_\_\_\_

Difficulty following directions \_\_\_\_\_

Hypoactive \_\_\_\_\_

Difficulty with relationship \_\_\_\_\_

Rigid or inflexible \_\_\_\_\_

Difficulty with colleagues \_\_\_\_\_

Impulsive \_\_\_\_\_

Few or no friends \_\_\_\_\_

Explosive \_\_\_\_\_

Socially immature \_\_\_\_\_

Anger (not explosive) \_\_\_\_\_

Perseveration (endless repetition) \_\_\_\_\_

Aggressive \_\_\_\_\_

Frustrated easily \_\_\_\_\_

**MEDICAL AND EDUCATIONAL EVALUATIONS AND DIAGNOSES**

Summarize diagnosis, label or classifications given: \_\_\_\_\_  
\_\_\_\_\_

**OTHER THERAPIES**

List other therapies done (speech, vision therapy, auditory/listening programs, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List daily time available and who'll be helping with the program designed for client:

\_\_\_\_\_

NDMC uses NeuroDevelopmental Movement to address emotional, behavioral, academic, and motor concerns. Developmental programs are individualized for each client. Programs are not medical, therapeutic, or psychological prescriptions. Program recommendations are offered for the client and families' review and education. Application of the program is the responsibility of the client and family. NDM practitioners are not licensed to practice medicine. If medical or other licensed professional advice is needed, the family is urged to consult a licensed physician or other licensed professional.

I acknowledge that I have read and completed this information to the best of my knowledge and ability, and that I understand that neither NDMC, nor those trained by or employed by NDMC, are assuming responsibility of liability for the client, and that I, as parent or guardian assume full responsibility.

I agree that my typed name below is the legal equivalent of my written signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_