



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?)

Gestational/Birth information - if known.

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

Pregnancy or birth complications (list/describe):

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

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

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



Seizures (list ages and describe in detail):

Current Medications (include dosage):

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)

Gross motor

Fine motor

Balance



Walking/running

Articulation

Stammer/stutter

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. Practitioners of NeuroDevelopmental Movement 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.

Signature _____ Date _____

Signature _____ Date _____