



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)	<hr/>
Crept (on hands and knees)	<hr/>
Walked	<hr/>
Toilet trained	<hr/>
First word	<hr/>
Use of two-word couplets	<hr/>

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 _____