

**Patient Background Questionnaire Adult**  
Please complete and bring with you to your appointment

Personal Information	
Name	
Address	
Patient contact details	Phone: Email:
Next of Kin	Phone: Email:
Reason for referral	
Please outline the reason that you would like to be seen/like your family member to be seen.  Do you have a question that you would like answered?	
School and academic	
School and Grade/Year Level achieved	
Enrolled/completed tertiary courses	
Please describe your learning ability. Did you have any difficulties in learning to read, write and/or maths?	
Have any concerns been raised regarding your learning, behaviour or social skills?	Y / N
Did you ever repeat any classes?	Y / N
Has you ever received learning intervention? If yes, please outline.	Y / N
Has anyone in the immediate or extended family experienced learning difficulties? If yes, please outline.	Y / N
Approximately how many close friends do you have?	

<b>Developmental, medical background and current supports</b>	
Please outline medical history, including all medication.	
What changes have you noticed in your since your illness/diagnosis?	
Since your illness/diagnosis, have you noticed changes to the following? Please describe.	<ul style="list-style-type: none"> <li>- Attention concentration Y / N</li> <li>- Organisation Y / N</li> <li>- Memory Y / N</li> <li>- Language Y / N</li> <li>- Problem Solving Y / N</li> <li>- Mood Y / N</li> <li>- Fatigue levels Y / N</li> </ul> <p>Sleep Y / N</p>
Employment History are you currently employed, briefly outline your employment history. Did you have any challenges in your employment?	
Do you received any current assistance?	<p>NDIS Y/N</p> <p>Disability Support Pension Y/N</p> <p>Other Supports Y/N</p> <p>Provide details:</p>
Please briefly describe yourself as a child.	

Please describe your mental state including personality and mood.	Rate your mood currently between 1-10?
<p>Have you ever heard any voices that were not you own?</p> <p>Have you ever seen thing that others cannot seen?</p>	<p>y/n</p> <p>Y/n</p>
Has you ever d had previous involvement from a psychologist or other allied health professionals (i.e. speech pathology, occupational therapy)? If yes, please outline and provide any available reports.	-
<b>Social background</b>	
Please list siblings and ages	
Are siblings typically developing?	Y/ N
Who lives at home with you?	
What activities does you enjoy?	
Does anyone in the immediate or extended family have mental health difficulties?	
Is there anything else that you would like to tell us about you?	