

# Neuropsychological Consulting Services

834 Kenwood Avenue, Suite 3  
Slingerlands, New York 12159  
Telephone 518-439-1641  
Fax 518-439-1625

[www.NeuropsychologicalConsultingServices.com](http://www.NeuropsychologicalConsultingServices.com)

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## Follow-Up History Form

Child's Name: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

~~Parent~~/Guardian Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State Zip Code

Other Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State Zip Code

Why are you seeking re-evaluation at this time?

Since your last visit, have there been any changes to this child's medical status (e.g., hospitalized, new medical condition)?

Please list all current medications:

Child's primary care physician: \_\_\_\_\_

Other specialists involved in this child's care:

Any change in living situation since your last visit (e.g., move, separation, divorce)? If yes, how has it affected this child?

Child's current school: \_\_\_\_\_ District: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Placement: \_\_\_\_\_ Regular Classes \_\_\_\_\_ Integrated \_\_\_\_\_ Self-Contained \_\_\_\_\_ Home schooled

Any grades repeated or skipped? If yes, please describe: \_\_\_\_\_

Describe any new services or accommodations:

Describe any changes to this child's academic skills since your last visit:

Describe any changes to this child's developmental skills (e.g., motor, language) since last visit:

Describe any changes to this child's social/play skills since your last visit:

Describe any changes to this child's mood and anxiety since your last visit:

Describe any changes to this child's behavior since your last visit:

Describe any other important changes or concerns since your last visit: