# *Rigby Psychological Services, PLLC*

*2505 South 17th St., Suite 200*
*Wilmington, NC 28401*
*(910) 254-4545*

We are excited that we will be working with you soon. Prior to your upcoming appointment, we have several forms we would like for you to complete.

The following forms are included within this packet:

1. Background History Form
2. Wender Utah Rating Scale
3. Billing/Insurance Paperwork

Please **complete and return** these forms to the following address ***as soon as possible***:

Attention: Intake
Potentials
2505 South 17th St., Suite 200
Wilmington, NC 28401

If any questions or concerns arise as you complete these forms, please to call our office staff at **910-254-4545**.

We look forward to seeing you soon!

# *Rigby Psychological Services, PLLC*

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## Background Information- Adult Form

The purpose of this questionnaire is to gather information before your appointment. Do not worry if you do not have information to answer every question, as we will be discussing this further at your appointment. We appreciate your time and effort in completing this questionnaire.

Date: _____ Person(s) Completing Form: _____

Referred By: _____

**Client Identification**

Name: _____ Date of Birth: _____

(First) (Middle) (Last) (Nickname)

Address: _____

(Mailing Address) City State Zip Code

_____

(Street Address) City State Zip Code

Home Phone _____ Work Phone _____

Email Address_____

**Reason for Appointment**

Who recommended or referred you for this appointment? _____

What question(s) or concern(s) would you like addressed/answered? _____

_____

_____

Do you worry that your problem(s) keep you from achieving your desired potential? □ Yes □ No

If yes, please explain _____

What do you feel led to/caused these concerns? _____

_____

When did you first notice these concerns? _____

How do these concerns interfere with your day to day functioning? _____

_____

Check any of the things below that you have trouble doing:

READING
- □ Reading signs
- □ Reading labels
- □ Reading directions
- □ Reading "how to do" books
- □ Reading newspapers
- □ Reading textbooks
- □ Reading aloud

MATH
- □ Addition/subtraction
- □ Multiplication/division
- □ Making change
- □ Checkbook
- □ Math I use at work
- □ Word problems
- □ Algebra
- □ Math above algebra

LISTENING
- □ To oral directions
- □ To Lectures
- □ On the telephone
- □ With background noise
- □ Following conversation

WRITING
- □ Simple messages
- □ Personal letters
- □ Filling out forms
- □ Writing for my job
- □ Punctuation/spelling
- □ Essays
- □ Reports

DIRECTIONAL CONFUSION
- □ Left/Right
- □ Confused in a new building
- □ Get lost much of the time
- □ Trouble following directions to get somewhere
- □ Lose my place in reading
- □ Don't know where to start filling in forms
- □ Words seem to swim

MEMORY
- □ Remembering names
- □ Details read
- □ Main ideas read
- □ Telephone numbers
- □ Numbers in general
- □ What I just heard
- □ What I just saw
- □ Events long ago
- □ Material I have studied

**Developmental History**

How old was your mother when she had you? _____

Were there any problems with your mother's pregnancy with you? □ Yes □ No

If yes, please state _____

Were there any problems associated with her delivery of you? □ Yes □ No

If yes, please state _____

Did you have any delays in your early development (e.g., walking, talking)? □ Yes □ No

If yes, please state _____

Please check any of the following that you have had significant difficulty with during your lifetime:

| | Preschool | Elementary School | Middle School | High School | Post High School |
|---|---|---|---|---|---|
| Hyperactivity | □ | □ | □ | □ | □ |
| Impulsivity | □ | □ | □ | □ | □ |
| Aggression | □ | □ | □ | □ | □ |
| Behavior Problems | □ | □ | □ | □ | □ |
| Anxiety | □ | □ | □ | □ | □ |
| Depression | □ | □ | □ | □ | □ |
| Attention Difficulties | □ | □ | □ | □ | □ |
| Learning Difficulty | □ | □ | □ | □ | □ |
| Difficulty Decoding Words | □ | □ | □ | □ | □ |
| Reading Comprehension | □ | □ | □ | □ | □ |
| Writing | □ | □ | □ | □ | □ |
| Math | □ | □ | □ | □ | □ |

| | Preschool | Elementary School | Middle School | High School | Post High School |
|---|---|---|---|---|---|
| Listening | □ | □ | □ | □ | □ |
| Speaking | □ | □ | □ | □ | □ |
| Taking Notes | □ | □ | □ | □ | □ |
| Understanding Oral Directions or Questions Stated by Others | □ | □ | □ | □ | □ |
| Taking Tests | □ | □ | □ | □ | □ |
| Time Management | □ | □ | □ | □ | □ |
| Remember Information | □ | □ | □ | □ | □ |
| Organization | □ | □ | □ | □ | □ |
| Studying | □ | □ | □ | □ | □ |
| Sleeping | □ | □ | □ | □ | □ |
| Eating | □ | □ | □ | □ | □ |
| Motor Skills | □ | □ | □ | □ | □ |
| Making/Keeping Friends | □ | □ | □ | □ | □ |
| Other: _____ | □ | □ | □ | □ | □ |
| Other: _____ | □ | □ | □ | □ | □ |

**Medical History**

Did you have any serious medical problems as a child? □ Yes □ No

If yes, please state _____

Have you received any diagnoses that are developmental (e.g., ADHD, Learning Disability) or psychological (e.g., anxiety, depression) in nature? □ Yes □ No

If yes, please state _____

_____

Name of Physician _____

My health is considered: □ OK □ Adequate □ Very Good □ Excellent

Major Illnesses/Hospitalizations: _____

_____

Please list any medications you are currently taking:

| Medication: | Amount: | Reason: | Prescribed by: |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**Psychological History:**

Are you currently under the care of a psychologist or psychiatrist? □ Yes □ No

Have you been seen for a psychological evaluation before? □ Yes □ No

If yes, when? _____ By whom?_____

**Educational History**

What schools have you attended? (please list in chronological order beginning with elementary school)

_____

_____

_____

What is the highest grade/educational level you have completed? _____

Do you like to attend school/take classes? □ Yes □ No

Did you ever repeat a grade or course? □ Yes □ No

If yes, which one(s)? _____

Did you ever receive extra help or accommodations in school? □ Yes □ No

If yes, please check when you received assistance and describe what assistance was provided:

Type of Assistance Received (e.g., tutoring, extra time, counseling, resource)

□ Elementary School _____

□ Middle School _____

□ High School _____

□ College _____

□ Graduate School _____

**Employment History**

Are you currently employed? □ Yes □ No

If yes, what is your current occupation? _____

Have you ever experienced difficulty with your work, either at your current job or in the past? □ Yes □ No

If yes, please briefly describe the type(s) of problem(s) _____

_____

**Personal History**

Please check one of the following to describe your current relationship status:

□ Single □ In a committed relationship □ Married □ Separated □ Divorced

Do you have children? □ Yes □ No

If yes, how many? _____

Have there been any significant changes/stresses in your family/home within the past year or so? □ Yes □ No

If yes, please describe: _____

What hobbies/interests/activities do you enjoy? _____

_____

**Family Medical, Emotional, and Learning History**

Please check to indicate if your *biological* family members have had the following conditions:

| | Immediate Family | | | | Father's Relatives | | Mother's Relatives | |
|---|---|---|---|---|---|---|---|---|
| **Condition** | **Dad of Client** | **Mom of Client** | **Siblings of Client** | **Children of Client** | **Dad** | **Mom** | **Dad** | **Mom** |
| Down Syndrome | | | | | | | | |
| Autism | | | | | | | | |
| Mental Retardation | | | | | | | | |
| Learning Difficulties | | | | | | | | |
| Reading | | | | | | | | |
| Written Language | | | | | | | | |
| Mathematics | | | | | | | | |
| Oral Language | | | | | | | | |
| Hydrocephalus | | | | | | | | |
| Language/Speech Delay | | | | | | | | |
| Hyperactivity | | | | | | | | |
| Attention Deficit | | | | | | | | |
| Conduct Problems | | | | | | | | |
| Drug/Alcohol Abuse | | | | | | | | |
| Neurological Disorders | | | | | | | | |
| Epilepsy/Seizures | | | | | | | | |
| Tics | | | | | | | | |
| Depression | | | | | | | | |
| Anxiety | | | | | | | | |
| Panic Attacks | | | | | | | | |
| Obsessive-Compulsive Disorder (OCD) | | | | | | | | |
| Diabetes or Hypoglycemia | | | | | | | | |
| Hearing Loss | | | | | | | | |
| Vision Problems | | | | | | | | |
| Held back in school | | | | | | | | |
| Muscular problems/weakness | | | | | | | | |
| Other: _____ | | | | | | | | |

**Additional Comments** (If needed, please attach additional paper.)

## WENDER UTAH RATING SCALE (WURS)

Client's Name: _____ DOB _____ Date: _____

| **AS A CHILD I WAS (OR HAD):** | **Not at all or very slightly** | **Mildly** | **Moderately** | **Quite a bit** | **Very Much** |
|---|---|---|---|---|---|
| 1. Active, restless, always on the go | | | | | |
| 2. Afraid of things | | | | | |
| 3. Concentration problems, easily distracted | | | | | |
| 4. Anxious, worrying | | | | | |
| 5. Nervous, fidgety | | | | | |
| 6. Inattentive, daydreaming | | | | | |
| 7. Hot or short tempered, low boiling point | | | | | |
| 8. Shy, sensitive | | | | | |
| 9. Temper outbursts, tantrums | | | | | |
| 10. Trouble stick-to-it-tiveness, not following through, failing to finish things started | | | | | |
| 11. Stubborn, strong willed | | | | | |
| 12. Sad or blue, depressed, unhappy | | | | | |
| 13. Uncautious, dare-devilish, involved in pranks | | | | | |
| 14. Not getting a kick out of things, dissatisfied with life | | | | | |
| 15. Disobedient with parents, rebellious, sassy | | | | | |
| 16. Low opinion of myself | | | | | |
| 17. Irritable | | | | | |
| 18. Outgoing, friendly, enjoy company of people | | | | | |
| 19. Sloppy, disorganized | | | | | |
| 20. Moody, have ups and downs | | | | | |
| 21. Feel angry | | | | | |
| 22. Have friends, popular | | | | | |
| 23. Well organized, tidy, neat | | | | | |
| 24. Acting without thinking, impulsive | | | | | |
| 25. Tend to be immature | | | | | |
| 26. Feel guilty, regretful | | | | | |
| 27. Lose control of myself | | | | | |
| 28. Tend to be or act irrational | | | | | |
| 29. Unpopular with other children, didn't keep friends for long, didn't get along with other children | | | | | |

## WENDER UTAH RATING SCALE (WURS) Continued…

| **AS A CHILD I WAS (OR HAD):** | **Not at all or very slightly** | **Mildly** | **Moderately** | **Quite a bit** | **Very Much** |
|---|---|---|---|---|---|
| 30. Poorly coordinated, did not participate in sports | | | | | |
| 31. Afraid of losing control of self | | | | | |
| 32. Well coordinated, picked first in games | | | | | |
| 33. (for women only) Tomboyish | | | | | |
| 34. Ran away from home | | | | | |
| 35. Get in fights | | | | | |
| 36. Teased other children | | | | | |
| 37. Leader, bossy | | | | | |
| 38. Difficulty getting awake | | | | | |
| 39. Follower, lead around too much | | | | | |
| 40. Trouble seeing things from someone else's point of view | | | | | |
| 41. Trouble with authorities, trouble with school, visits to principal's office | | | | | |
| 42. Trouble with the police, booked, convicted | | | | | |
| **MEDICAL PROBLEMS AS A CHILD:** | | | | | |
| 43. Headaches | | | | | |
| 44. Stomachaches | | | | | |
| 45. Constipation | | | | | |
| 46. Diarrhea | | | | | |
| 47. Food allergies | | | | | |
| 48. Other allergies | | | | | |
| 49. Bedwetting | | | | | |
| **AS A CHILD IN SCHOOL:** | | | | | |
| 50. Overall a good student, fast | | | | | |
| 51. Overall a poor student, slow learner | | | | | |
| 52. Slow reader | | | | | |
| 53. Slow in learning to read | | | | | |
| 54. Trouble reversing letters | | | | | |
| 55. Problems with spelling | | | | | |
| 56. Trouble with mathematics or numbers | | | | | |
| 57. Bad handwriting | | | | | |
| 58. Though I could read pretty well, I never really enjoyed reading | | | | | |
| 59. Did not achieve up to potential | | | | | |
| 60. Repeated grades (which grades?) | | | | | |
| 61. Suspended or expelled (which grades?) | | | | | |

**Adapted from Wender, P. H. (1995).** ***Attention-Deficit Hyperactivity Disorder in Adults.*** **New York: Oxford University Press.**