

## ADULT INTAKE ASSESSMENT FORM

**Client Name:** \_\_\_\_\_

**Date:**      /      /      **DOB:**      /      /      **Age:**       
mm dd yyyy mm dd yyyy

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Developmental History:**

To the best of your knowledge, were there any problems experienced by your mother during pregnancy or birth?

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Did you meet all developmental milestones at the appropriate ages/stages? *E.g. crawling, walking, speech.*

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Did you experience any major childhood illnesses or accidents?

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Is there a history of learning/reading difficulties or dyslexia in either parents' families?

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When did you first notice problems?

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Have you ever been assessed by a pediatrician, occupational therapist, psychologist, speech and language pathologist, or any other similar professional? Was there a diagnosis?

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Are you currently medicated? If so, what medication?

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Have you had a recent visual assessment? Was there a diagnosis?

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Have you had a major hearing assessment? Was there a diagnosis?

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How would you describe yourself?

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**EDUCATIONAL HISTORY:**

Please provide details of where you started school, and any changes in school attendance.

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Please provide details of any difficulties identified at any year level.

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What were your average grades? *E.g. below average, average, above average.*

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What are the problem areas?

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In which areas do you do well? *E.g. maths, sport*

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**OTHER:**

Do you suffer from any form of epilepsy? If so please inform Cellfield staff.

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Please provide any other details about your developmental or educational history or behaviours that you think may be relevant.

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**CENTRAL AUDITORY PROCESSING QUESTIONS - ADULT**

Name: \_\_\_\_\_

Are you easily distracted or unusually bothered by loud or sudden noises?

\_\_\_\_\_  
\_\_\_\_\_

Is a noisy environment upsetting for you?

\_\_\_\_\_  
\_\_\_\_\_

Does your behavior and performance improve in quieter settings?

\_\_\_\_\_  
\_\_\_\_\_

Do you have difficulty following directions, whether simple or complicated?

\_\_\_\_\_  
\_\_\_\_\_

Do you have reading, spelling, writing or other speech-language difficulties?

\_\_\_\_\_  
\_\_\_\_\_

Is abstract information difficult to comprehend? (E.g. word association, using inference for meaning)

\_\_\_\_\_  
\_\_\_\_\_

Are verbal (word) math problems difficult?

\_\_\_\_\_  
\_\_\_\_\_

Are you disorganized or forgetful?

\_\_\_\_\_  
\_\_\_\_\_

Are conversations hard for you to follow?

\_\_\_\_\_  
\_\_\_\_\_

NOTES: