COLLEGE SCREENING QUESTIONNAIRE

Name:_____ Nickname:_____ Date of birth:_____
School Address:_____

Cell phone:_____ Messages? Yes ☐ No ☐

Home Address:_____
Home Phone:_____ Messages? Yes ☐ No ☐

Primary Medical Doctor:_____ Phone #:_____

Other Medical specialists:_____ Phone#:_____

CONCERNS:
Why did you seek evaluation at this time?

What are you concerned about?

How can we best be of help?

PAST MEDICAL HISTORY: ***If yes, please explain***
Do you have any on-going medical problems/illnesses? Yes ☐ No ☐ _____
_____
Hospitalizations: Yes ☐ No ☐ _____
Surgeries: Yes ☐ No ☐ _____
Injuries: Yes ☐ No ☐ _____
Hearing Problems: Yes ☐ No ☐ _____
Vision Problems: Yes ☐ No ☐ _____
Allergies: Yes ☐ No ☐ _____
Immunizations up to date? Yes ☐ No ☐ If not, explain_____
Allergies: Yes ☐ No ☐ _____

SOCIAL HISTORY: ***If yes, please explain***

Who lives with you?

Do you smoke? Yes ☐ No ☐ If so, how many cigarettes do you smoke daily?_____

Do you drink alcohol? Yes ☐ No ☐ If so, how many drinks daily?_____

Do you use other drugs? Yes ☐ No ☐ If so, what and how much?_____

PAST PSYCHOLOGICAL HISTORY:

Have you had any evaluations for mood, attention or behavioral problems in the past: Yes ☐ No ☐

If so, when and where?

Has anyone given you a diagnosis in the past? (for example ADHD, depression): Yes ☐ No ☐

If so, what?

Have you had any treatment (including therapy, medications, etc.) for mood, attention or behavioral problems in the past? Yes ☐ No ☐ If so, what and when?

DEVELOPMENTAL HISTORY:

Have you ever been diagnosed with a learning disability or a developmental delay?

Did you receive special education or special help when you were in grade or high school?

FAMILY HISTORY:

Has anyone in your family ever experienced any of these conditions?

Condition:	If so, that person's relationship to you:
Learning disability: Yes ☐ No ☐	_____
ADHD/Attention problems: Yes ☐ No ☐	_____
Mental Retardation: Yes ☐ No ☐	_____
Depression: Yes ☐ No ☐	_____
Anxiety: Yes ☐ No ☐	_____
Manic-Depression/Bipolar: Yes ☐ No ☐	_____
Drug/Alcohol Abuse: Yes ☐ No ☐	_____
Special Education: Yes ☐ No ☐	_____

_____

Signature: *Date:*