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ADULT INFORMATION FORM

Patient Name: _____

Patient DOB: _____

Patient Gender: ___ female ___ male

Patient Address: _____

Phone Number: _____ Email: _____

INSURANCE INFORMATION

Insurance: _____

Member ID: _____

Authorization Number (when required by insurance): _____

Subscriber: _____

Relationship to Patient: _____

Insurance Phone Number for Providers on back of card: _____

Copay: _____

OPTIONAL QUESTIONS

Only fill out if you would like me to have this information prior to our first session.

LIVING SITUATION

CURRENT EMPLOYMENT AND WORK HISTORY

PRESENTING PROBLEM/HISTORY OF PROBLEM (When did problem start? Chronic or episodic? How does the problem present at home? At school/work? Where does the problem not occur?)

PAST HELP FOR THE PROBLEM (previous testing, counseling, tutoring, etc., Issues/Diagnoses/Doctors/Psychiatrists/Psychologists)

CURRENT MEDICATIONS:

PAST MEDICATIONS:

SIMILAR PROBLEMS IN THE FAMILY/FAMILY COMPOSITION (immediate family, extended family, learning disabilities, reading problems, mood or emotional difficulties, etc.)

SCHOOL HISTORY (schools attended, past and present teacher concerns, problems/successes in school, past and present support services, history of IEP or 504 Plan?)

SOCIAL HISTORY/INTERESTS AND HOBBIES

SENSORY SENSITIVITIES (i.e., picky about foods, clothing, tags, sounds, touch)

MEDICAL HISTORY (Past and Current Health Issues/Doctors/Medications)

SUBSTANCE USE (alcohol, drugs)

TRAUMA HISTORY (Has anything of a traumatic nature happened, Accidents? Abuse? Bullying?)

ANXIETY/DEPRESSION SCREENING QUESTIONS (worries, fears, or concerns that affect willingness to complete normal or routine activities, recent changes in interests, appetite, sleep patterns, levels of irritability)

ADHD SCREENING QUESTIONS (ability to sustain mental effort during activities other than TV or the computer, organization and planning skills, forgetfulness/losing materials, homework completion, number of reminders needed to complete a task, overall activity level, ability to complete one task before starting another task, distractibility levels in different settings)