



Health Services
University Screening Questionnaire

STUDENT:

Name: _____ Nickname: _____

DOB: _____

School Address: _____

School Phone #: _____ Messages? Yes No

Work Phone #: _____ Messages? Yes No

Home Address: _____

Home Phone #: _____ Messages? Yes No

OTHERS INVOLVED IN CARE:

Primary Medical Doctor: _____

Phone #: _____

Other medical specialists: _____

Phone #: _____

CONCERNS:

Why did you seek evaluation at this time?

What are you most 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 _____

Current Medications? Yes No _____

Allergies? Yes No _____

Immunizations up to date? Yes No (if not, what and when were last given?)

SOCIAL HISTORY:

Who lives with you?

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

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

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

PAST PSYCHOLOGICAL HISTORY:

Have you had any evaluations for mood, attention, or behavioral problems in the past?

Yes No If so, when & where?

Has anyone given you a diagnosis in the past (for example, ADHD or 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 & when?

DEVELOPMENTAL HISTORY:

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

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

FAMILY HISTORY: *Has anyone in your family ever experienced any on 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 Ed: Yes No
