



COGNITIVE THERAPY INTAKE FORM

NAME: _____

TODAY'S DATE: _____

DATE OF BIRTH: _____

DATE OF INJURY: (IF APPLICABLE): _____

- HOW WERE YOU INJURED (IF APPLICABLE):
- FALL
 - CAR ACCIDENT
 - STROKE
 - ANEURYSM
 - OTHER: _____

CURRENT MEDICATIONS:

DOSAGE:

- RELEVANT MEDICAL HISTORY:
- PRIOR TBI/S OR CVA
 - MIGRAINES
 - SEIZURE HISTORY
 - LEARNING DISABILITIES
 - ADD/ADHD
 - RADIATION OR CHEMOTHERAPY
 - MILD COGNITIVE IMPAIRMENT
 - DEMENTIA/ALZHEIMER'S
 - NEURODEGENERATIVE DISORDER
 - OTHER: _____

CURRENT SYMPTOMS:

(PLEASE CHECK BOXES THAT APPLY AND EXPLAIN FURTHER IF YOU CAN)

PHYSICAL PROBLEMS:

- PAIN/HEADACHES _____
- NAUSEA _____
- SLEEP PROBLEMS _____
- SWALLOWING _____
- MOTOR CONTROL/WEAKNESS/ARTICULATION _____

EMOTIONAL CHANGES:

- DEPRESSION _____
- ANXIETY _____
- HYPERVIGILANCE /EXAGGERATED STARTLE RESPONSE _____
- EASILY OVERLOADED/TEARFUL/IRRITABLE _____
- PTSD _____

VISUAL :

- FOCUS/BLURRED VISION _____
- LIGHT SENSITIVITY _____
- DOUBLE VISION _____
- VISUAL NEGLECT _____

VESTIBULAR/HEARING:

- BALANCE/VERTIGO _____
- SENSITIVITY TO NOISE _____
- TINNITUS _____
- HEARING ACUITY _____

COGNITIVE CHALLENGES:

(ON A SCALE OF 1 TO 5 WITH 1= NO PROBLEM AND 5= SIGNIFICANT CHALLENGES).

Add specific examples or explain further if you are able:

FATIGUE:

DO YOU FEEL AS IF YOU ARE IN A FOG?_

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU LACK MENTAL ENERGY TO DO ACTIVITIES?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

CAN'T CONCENTRATE FOR VERY LONG?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

FEEL OVERWHELMED EASILY?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

ATTENTION:

DO YOU HAVE DIFFICULTY CONCENTRATING?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

ARE YOU EASILY DISTRACTED BY NOISE OR THINGS YOU SEE?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

ATTENTION continued:

CAN'T KEEP FOCUSED ON AN ACTIVITY OR THOUGHT BECAUSE YOUR MIND KEEPS WANDERING?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

FEEL SPACEY OR BLANK?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU LOSE TRACK OF TIME?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

MISS DETAILS OR MAKE MISTAKES DUE TO DECREASED CONCENTRATION?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

TROUBLE PAYING ATTENTION TO CONVERSATIONS WHEN THERE ARE A FEW PARTICIPANTS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DIFFICULT TO PAY ATTENTION TO MORE THAN ONE THING AT A TIME?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

MEMORY:

DO YOU FORGET WHERE YOU PUT THINGS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE TO GO BACK AND CHECK WHETHER YOU DID SOMETHING
(TURN OFF THE STOVE, ETC.)?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU FORGET WHEN THINGS TOOK PLACE?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU FORGET TO TAKE THINGS YOU NEED WITH YOU?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU FORGET THINGS YOU HAVE BEEN TOLD?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU FORGET NAMES OR FACES OF PEOPLE YOU KNOW?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE DIFFICULTY LEARNING A NEW SKILL OR RETAINING NEW
INFORMATION?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU MISS APPOINTMENTS OR FORGET PLANS YOU MADE?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

MEMORY continued:

DO YOU FORGET WHAT YOU CAME INTO A ROOM FOR?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU GET LOST IN FAMILIAR PLACES?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE TROUBLE REMEMBERING MEDICATIONS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

EXECUTIVE FUNCTION:

DO YOU HAVE TROUBLE PLANNING MULTISTEP TASKS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU STRUGGLE TO SET PRIORITIES AND GOALS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

CAN YOU CHANGE FROM ONE TASK TO ANOTHER?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU STRUGGLE TO GET STARTED ON TASKS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

EXECUTIVE FUNCTION continued:

ARE YOU STRUGGLING TO KEEP UP WITH HOUSEHOLD OR WORKPLACE CHORES?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE CHALLENGES WITH DOING MORE THAN ONE THING AT A TIME?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

ARE YOU EASILY OVERWHELMED IF THE TASK HAS SEVERAL COMPONENTS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE TROUBLE MAKING DECISIONS OR ORGANIZING YOUR THOUGHTS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

LANGUAGE:

DO YOU HAVE TROUBLE THINKING OF WORDS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO HAVE TROUBLE WITH THOUGHT FORMULATION?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE DIFFICULTY UNDERSTANDING WHAT YOU ARE TOLD?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

LANGUAGE continued:

DO YOU HAVE TROUBLE LISTENING TO CONVERSATIONS WHEN THERE IS OTHER NOISE OR MULTIPLE SPEAKERS?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU NEED PEOPLE TO SLOW DOWN TO FOLLOW MEANING?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE TROUBLE WITH READING COMPREHENSION AND RECALLING WHAT YOU READ?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE TROUBLE WITH VISUAL TRACKING WHEN READING?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE TROUBLE ORGANIZING YOUR WRITING?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)

DO YOU HAVE TROUBLE SPELLING WORDS THAT WERE FAMILIAR?

(NO PROBLEM) 1 2 3 4 5 (SIGNIFICANT CHALLENGE)
