



FACT FINDING SAMPLE

IDENTIFYING INFORMATION

- Age, Sex, Race/Ethnicity, Language (1st)
- Handedness
 - o Early handedness apparent (w/ in first 6 months?)
 - o Any hand correction?
- Grade/Educational Level/Work Status

REASON FOR REFERRAL

- Referral source
- Clinical Complaints & Self-Report of Presenting Problem
 - o Cognitive, psychological, physical, onset and course of presenting problem, current functional status, level of awareness/insights
 - o Collateral Information: Family report of difficulties, functional abilities, accuracy of information provided by patient

RELEVANT HISTORY

- Birth History
- Developmental History (milestones, therapies)
- Current/Medical History (onset, frequency, progressive, precipitating event)
 - o Surgeries/hospitalizations
 - How long? Any rehab needed? Where were they discharged to?
 - Observation only or medical/surgical intervention?
 - Any diagnostics (metabolic panels, toxicology screens, electrophysiological, structural imaging, functioning, imaging, etc.)
 - o Metabolic Conditions? Hypertension, hyperlipidemia, diabetes, thyroid dysfunction, or anemia?
 - o Specific organ conditions? Heart, liver, or kidney?
 - o Stroke?
 - Symptoms of trouble walking, speaking, understanding, paralysis, or numbness of the face, arm, or leg
 - Muscular abnormalities: difficulty walking, paralysis with weak muscles, problems with coordination, stiff muscles, overactive reflexes, or paralysis of one side of the body?
 - Vision abnormalities: blurred vision, double vision, sudden visual loss, or temporary loss of vision in one eye?
 - Speech abnormalities: difficulty speaking, slurred speech, or speech loss?
 - Fatigue, lightheadedness, or vertigo?
 - Sensory abnormalities: pins and needles, reduced sensation of touch
 - o Seizure?
 - Temporary confusion, staring spells, loss of consciousness, or uncontrollable jerking movements of the arms and legs?
 - Noteworthy events/episodes
 1. Hypoxic/anoxic experiences



FACT FINDING SAMPLE

2. Cortical/Subcortical Findings
 3. Symptoms indicative of intracranial pressure
 - a. Headaches, blurry vision, vomiting, sleeping
 4. Polyuria, polydipsia, polyphagia
- o Imaging/Tests
 1. CSF-lumbar puncture, MRI, CT, EEG, Functional Imaging (fMRI, PET, Spect)
 - o Neuro exam findings
 - o Dysmorphic/genetic testing
 - o Physical Symptoms
 - Headaches, nausea, etc.
 - Motor
 1. Paroxysmal Episodes of abnormal motor activity (e.g. shaking, weakness), sensation (e.g., numbness, tingling), speech (e.g., slurring, arrest)
 2. Tremor, weakness, abnormal movements in a limb, neck, head, or torso
 3. Increase in tripping, falls, stumbling, misjudging distances, dropping things
 4. Slow walking
 5. Any interventions for anything motor-related
 6. Paresis
 - Pain
 - o Cognitive Symptoms
 - Memory
 1. Difficulty remembering recent conversations, Repeating self, Forgetting Words, Losing/misplacing things
 - Visuospatial Problems
 - Attention
 - Language
 - o Current and past medications
 - Side Effects
 - Compliance
 - Need reminders to take
 - o Sensory: Hearing/Vision/Smell
 - Blurry Vision, Visual Field-- Any bumping into things or falling down?, Difficulty with recognition?, Changes in smell?, Changes in hearing?
 - o Appetite
 - Vomiting/Diarrhea, Caffeine, Changes in appetite
 - o Sleep
 - Average hours per night, Well-rested? Naps? Difficulty falling/staying asleep Move around in sleep, CPAP?
 - o Substance abuse/use
 - Alcohol, Nicotine, Recreational Drugs



FACT FINDING SAMPLE

- o ADLs/IADLS
 - ADLs: self-care, dressing, bathing, feeding
 - IADLs: Managing of appointments, medications, finances, transportation, shopping, cooking
- Family Medical History
- Psychological History
 - o Psych history/psychiatric history/emotional functioning
 - o Behavioral/neurobehavioral history & functioning
 - o Meds?
 - o Suicidal/Homicidal
- Educational History
 - o Highest Grade
 - o Performance
 - o Academic/Learning Difficulties: Onset, Treatment, Educational Services
- Occupational History
 - o Past and Current
 - o Any toxic exposures/injuries
 - o Any signs of personality or executive functioning problems
- Family/Psychosocial History
 - o Marital Status
 - o Residence
 - o Children
 - o Social Interactions & Behavior
 - Marked changes in social functioning: fronto-temporal dementias/pick's disease
 - Hobbies/Activities
 1. Horses? Equine Diseases- Hiking/Outdoors? West Nile or Lyme Disease- Scuba Diving? Air Embolism or Decompression Injury- Arts/Crafts? Toxic Exposure, lead-based paints, etc- International Travel? Malaria, cysticercosis
 - Exercise
- Previous Evaluation/ Previous Interventions

BEHAVIORAL OBSERVATIONS

- Presentation/Orientation
- Language
 - o Expressive: Prosody, tone, rate, word finding, fluency, syntax, repetition of instruction
 - o Receptive: comprehension of instruction
- Social relatedness/eye contact
- Mood/affect
 - o irritable
- Physical presentation
 - o Pain



FACT FINDING SAMPLE

- o Facial/body abnormalities (dysmorphic features)
 - o Pale, lots of bruising (hematological issues), café-au-lait spots
 - o Lesions
- Response to environment and structure of testing
- Behavior
 - o Attention, impulsivity, distractibility, frustration tolerance, regulation of behavior
 - o Effort/motivation (reliability/validity)
- Visual-Perceptual/Constructional Skills
 - o Neglect
- Motor
 - o Handedness, unusual movements, handwriting, tremor (unilateral/bilateral)
 - o Gait/ Ambulation
 - o Fasciculations (twitching), atrophy, hypertrophy, hypotonia)

TEST RESULTS

- Effort/Validity
- IQ (w/ working memory & processing speed)
- Achievement
- Language
- Learning and Memory
- Attention
- Executive Functioning
- Processing Speed
- Sensory-Perceptual-Motor-Visual (primary sensory and motor functioning)
- Visual-Spatial
- Academic Achievement
- Adaptive Behavior
- Behavioral/Emotional/Social Functioning
- Social Cognitive (theory of mind, language pragmatics, affect recognition)

CONCLUSIONS AND RECOMMENDATIONS

- Localization
- Lateralization
- Differential Diagnosis
- Prognosis
- Recommendation