

### Adult Questionnaire

If you find this form difficult the centre will help you

Please complete this form as fully as you can and return it to the Centre. It will help us to help you. The answers are entirely CONFIDENTIAL to Centre Staff and other Professionals directly concerned with you. To fill in the Y/N boxes use an X

First Name									
Surname									
Date of Birth				Male/Female					
Mark as appropriate									
Mr		Mrs		Miss		Ms		other	

Your Address						
Postcode						

Home Telephone						
Work Telephone						
Mobile Telephone						
Fax Number						
Email Address						

**Have you signed the notice on the final page?**

#### For office use

Client Code		Database		Permission	
Date	Time	Assessor/Teacher	Type	Location	

#### Helen Arkell Dyslexia Centre

Arkell Lane, Frensham Farnham, Surrey GU10 3BL U.K.

Tel: 44 (0) 1252 792400 - Fax: 44 (0) 1252 795669

e-mail: [enquiries@arkellcentre.org.uk](mailto:enquiries@arkellcentre.org.uk)

HADC Website: [www.helenarkelldyslexiacentre.org](http://www.helenarkelldyslexiacentre.org)

A Company Limited by Guarantee Reg. in England No. 3432423 Reg. Charity No. 1064646

**Family Background**

Have any family members had problems with:

Speaking	Reading	Writing	Spelling	Maths
Which Relatives?				

What languages are spoken at home?	
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**Early history and health**

	Yes	No
Did your speech and language develop well?		
Did you receive Speech Therapy?		
Have you suffered any accidents? If yes, please give details		
Any hospitalisation? If yes, please give details		

Do you suffer from	Yes	No
Eczema		
Hay fever		
Migraine		
Epilepsy		
Light sensitivity		
Rheumatoid Arthritis		
Allergy		
Asthma		
Colour blindness		

	Yes	No
Are you receiving medication currently?		
If Yes, please give details		

	Yes	No
Is your eyesight normal?		
Is your hearing normal?		
Suffered ear infections?		
Had grommets inserted in your ears?		
Had tonsils/adenoids removed?		

	Yes	No	Comments
Do you have special interests / hobbies?			
Do you have any particular dislikes?			

**Educational History**

Past Schools/Colleges Attended, Name of School	Dates	State?	Independent?

	Yes	No
Were there reasons for changing school other than age? If Yes, please give details		

	Yes	No
Have you had extra tuition or therapy?		
With whom?		
How often?		
When?		

Have you been assessed by an educational psychologist?		
With whom?		
How often?		
When?		

Do you have a copy of previous report(s)? If Yes, please give details, or include a copy of the report(s)		
Have you been to a special school? If Yes, please give details		
Have you received extra time in examinations? If Yes, please give details		
Have you ever had a Statement of Special Educational Needs? If Yes, please give details		
Were your difficulties ever recognised in school? If Yes, please give details		
Have you passed exams? Please give details (ie "O" Levels, GCSE, "A" levels, RSA, City & Guilds etc)		
Have you failed exams? If Yes, please give details		

**The Current Situation**

What is your present job?	
If you are still in full-time education, what are you hoping to do when you leave?	
Please list the jobs you have had	
If you are not in work, what work or training are you interested in?	

Do you have problems with	Yes	No
Reading		
Understanding what you read		
Organisation		
Spelling		
Written Work		
Memory		
Note Taking		
Speeds in writing		
Learning information		
Numbers		
How do problems affect work, training or education?		
What are your concerns and view of these problems?		
What are the questions that you hope we can answer?		



**Important Notice**

The Helen Arkell Dyslexia Centre is a registered charity. Whilst great care is taken in all matters, the Centre cannot accept any liability or responsibility for any advice given by the professionals to whom the Centre refers you or their other acts or neglect.

The Centre may, in its absolute discretion and after the appropriate permissions have been obtained, maintain, for its administrative purposes only, a confidential file of records relating to you including a copy of this Questionnaire and any reports. The Centre is at liberty to destroy such files or to charge a reasonable sum to retrieve for you any such files that have been retained.

Your completion and return of this Questionnaire is your acknowledgement that you have read, understand and accept the Terms of this notice and that you agree/ do not agree (*delete as appropriate*) to the Centre maintaining a confidential file.

Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you hear of HADC?				
Newspaper	Friend/Relative	College	Other	Internet



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