

ADULT BACKGROUND QUESTIONNAIRE

Full Legal Name: _____ Today's Date: _____

Age: _____ SS# _____ Date of Birth: ____/____/____

Gender: ____M ____F

If necessary, I give Dr. Renee Bryer permission to call me at the following numbers:

Home Phone # _____ OK to leave a message: Yes No

Work Phone # _____ OK to leave a message: Yes No

Cell Phone # _____ OK to leave a message: Yes No

Other # _____ OK to leave a message: Yes No

Home Address: _____

City: _____ Zip: _____

Occupation: _____ Full time ____ Part time ____

Place of Employment: _____

How long have you held your current position? _____

What kind of health insurance do you have? _____

Highest Grade Completed: _____ What kind of a student were you? _____

Relationship Status (Please circle one):

Never Married Married Partnered Separated Divorced Widowed

Are you involved in any legal cases at the present time? Yes No

If yes, please explain: _____

Please list your family members (parents/siblings or partner/spouse/children):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation/Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Person: _____ Relationship to you: _____

Their Work/Daytime Phone # _____ Their Home Phone # _____

Your Primary Physician: _____ Phone # _____

Please list any medications that you are currently taking and the dosage of each, if known (including birth control pills):

Please describe your current medical conditions, if any (e.g., high blood pressure, diabetes, arthritis, asthma, etc.):

Please describe your significant past medical problems including surgeries, if any (e.g. cancer, head injury, hip replacement, etc.):

Who referred you to my office? _____

Is there anything else that you'd like me to know about you that you'd like to include on this form?
