## ADULT BACKGROUND QUESTIONNAIRE

Ill Legal Name: Today's Date:	
Age: SS#	Date of Birth:/
Gender:MF	
If necessary, I give Dr. Renee Bryer permission t	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 timePart 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	d of a student were you?
Relationship Status (Please circle one):	
Never Married Married Partnere	ed Separated Divorced Widowed
Are you involved in any legal cases at the presen	t time? Yes No
If yes, please explain:	

Relationship	Age	Occupation/Grade	
act Person:	Relationsl	Relationship to you:	
time Phone #	Their Hon	Their Home Phone #	
ysician:	Phone #		
	ly taking and the dos	sage of each, if known	
	s, if any (e.g., high b	lood pressure, diabetes,	
	roblems including su	orgeries, if any (e.g. cancer,	
u to my office?			
,	act Person:  time Phone #  pysician:  edications that you are current control pills):  your current medical condition etc.):  your significant past medical preplacement, etc.):	act Person: Relationsh  time Phone # Their Hon  pysician: Phone #  edications that you are currently taking and the dose control pills):  your current medical conditions, if any (e.g., high be etc.):	