Health Psychology Department

The purpose of this questionnaire is to obtain a comprehensive picture of your background and history. During your interview with the [illegible], you will have an opportunity to discuss concerns in more detail, if needed. You are advised to have this form completed prior to your scheduled appointment. Please use black or blue ink.

Name: ______________________________ Date: ____________
Age: __________ Date of Birth: __________ Gender: ________
Referring Doctor: ________________ Primary Care Physician: ________________

How do you identify yourself racially/ethnically? (Please check all that apply.)

____ African American/Black
____ American Indian/Alaskan Native
____ White/Caucasian/Anglo/European American
____ Asian/Pacific Islander
____ Hispanic/Latino/Latina
____ South Asian
____ Middle Eastern
____ Native African
____ Central or South American
____ Other (please list) __________

Developmental History:

Were you raised by your biological parents? Yes No
If you were adopted or raised by an individual other than your biological parents, please explain:

Were there any medical complications when your mother was pregnant with you? Yes No
If yes, please explain:

Did your mother use any of the following during the pregnancy?
____ Alcohol
____ Cigarettes/Tobacco
____ Street Drugs

Social History:

Where were you born? What other places did you live and for how long did you live there?