

Health Psychology Department

The purpose of this questionnaire is to obtain a comprehensive picture of your background and history. During your interview with Dr. Taylor, you will have an opportunity to discuss concerns in more detail, if needed. You will need 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.)

- | | |
|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> White/Caucasian/Anglo/European American | <input type="checkbox"/> Native African |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Central or South American |
| <input type="checkbox"/> Hispanic/Latino/Latina | <input type="checkbox"/> 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 or Tobacco
 Street Drugs

Social History:

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

