

Personal History

Exam No. _____

Today's Date: _____

Identification

Name: _____ D.O.B. _____ Age: _____ Gender: M / F

Birthplace City: _____ Marital Status: married separated divorced single

Ethnicity (optional): Hispanic African-American Native American Caucasian Pacific Island Asian other

Aliases: _____

Dr. Lic.: _____ State: _____ Country: _____

SSN: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Education

Grade level (juveniles only) _____ Grades: _____ School/district: _____

Special Education YES / NO Reason: _____

GED YES / NO Yr. Of Graduation: _____ emphasis: _____

HS Diploma YES / NO Yr. Of Graduation: _____ emphasis: _____

Associate Degree YES / NO Yr. Of Graduation: _____ emphasis: _____

Baccalaureate Degree YES / NO Yr. Of Graduation: _____ emphasis: _____

Masters Degree YES / NO Yr. Of Graduation: _____ emphasis: _____

Doctoral Degree YES / NO Yr. Of Graduation: _____ emphasis: _____

Family Background

Who raised you? _____ How did they do? _____

Mother (name/ age) _____

Father(name/ age) _____

Siblings(name/ age) _____

Spouse(name/ age) _____

Children(name/ age) _____

Military Service

YES / NO From _____ to _____ Service Branch: _____

Highest Rank: _____ Type of Discharge: _____

Ever Disciplined? YES / NO Reason: _____

Employment

Employment: _____ From _____ to _____ Position: _____

Employment: _____ From _____ to _____ Position: _____

Employment: _____ From _____ to _____ Position: _____

Medical Issues

Recent Injuries (pain issues): YES / NO _____

Medications? YES / NO _____

Illegal Drugs? YES / NO _____

Alcohol? YES / NO _____

Illness? YES / NO _____

Respiratory Illness? YES / NO _____

Cardiovascular illness? YES / NO _____

By signing this form, I certify that the above information is accurate and complete.

Signature date