**Central Alabama Psychology P. C.**

Licensed Psychologist 1620 Carter Hill Road

Kale Kirkland, Ph.D. Montgomery, AL 36106

P:(334) 819-4870

**New Patient Questionnaire**

Thank you for choosing Central Alabama Psychology, PC. Please take the time to fill out this form prior to your first appointment. This will allow us to learn more about you and why you have chosen to seek help at this time. Please be as specific as you can.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we leave a message? \_\_\_\_\_\_\_ May we leave a message? \_\_\_\_\_\_ May we leave a message? \_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we send you email? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred way to be contacted regarding appointments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to Central Alabama Psychology, PC?

\_\_\_\_\_ A. Web

\_\_\_\_\_ B. Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ C. Family / Friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ D. Advertisement

\_\_\_\_\_ E. Judge or Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ F. Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMAION:**

What is your employment status?

\_\_\_ A. Employed \_\_\_ B. Retired \_\_\_ C. Homemaker \_\_\_ D. Employed (part time)

\_\_\_ E. Disabled \_\_\_ F. Student \_\_\_ G. Unemployed \_\_\_ H. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been working your current job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since finishing your education, how many different full time jobs have you had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since finishing your education, what is the longest period of time you have been unemployed when you were looking for a job? \_\_\_ A. Does not apply \_\_\_ B. Less than 3 months \_\_\_ C. 4-6 months

\_\_\_ D. 7 months to 1 year \_\_\_ E. More than 1 year

**FAMILY / SOCIAL HISTORY:**

What is your current marital status?

\_\_\_ A. Never married \_\_\_ B. Married \_\_\_ C. Never married, but living with a partner \_\_\_ D. Divorced

What is your spouse or partner’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of older brothers \_\_\_\_\_\_\_\_ Number of younger brothers \_\_\_\_\_\_\_\_

Number of older sisters \_\_\_\_\_\_\_\_ Number of younger sisters \_\_\_\_\_\_\_\_

Number of step or half siblings? \_\_\_\_\_\_\_\_

To your knowledge, what were the conditions of your birth? (ex. Premature, normal, complications) \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To your knowledge, when did you learn to walk and talk? (on time, early, late) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle any of the following that apply to your childhood or adolescence:**

Unhappy childhood Emotional / Behavioral Problems Medical Problems Sexual Abuse

Family Problems Alcohol Abuse Legal Problems Emotional Abuse Drug Abuse

School Problems Physical Abuse Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle the words that best describe the atmosphere in your home as a child:**

Healthy Stable Calm Sad Dysfunctional Abusive

**Please circle the words that best describe your parents or caretaker’s personality and attitudes towards you in the past and present:**

Chaotic Abusing Denying Quiet Nurturing Accepting Noisy Rigid

Lonely Scary Flexible Happy Loving Private Supportive

**Mother or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Isolated Detached Cool Helpful Angry Understanding Withdrawn Weak Stern

Attentive Inpatient

**Father or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Stern Attentive Patient Caring Loving Impatient Forgiving Demanding Gentle

How did your parents discipline you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did either parent ever hit you or use physical punishment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your parent’s divorce? YES NO If yes, how old were you? \_\_\_\_\_

If yes, whom did you live with after the divorce? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have contact with both parents after the divorce? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If stepparents helped in raising you, how did you get along with the stepparents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you remember incidences of seeing or hearing your parents fight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a juvenile, were you ever in residential treatment centers or similar facilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe the quality of relationships in your own family now?(spouse or partner and children)

\_\_\_ A. Does not apply \_\_\_ B. Good \_\_\_ C. Fair \_\_\_ D. Poor \_\_\_ F. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived with your current spouse or partner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many times have you been married? \_\_\_\_\_\_\_\_\_\_ How many children do you have? \_\_\_\_\_\_\_\_\_\_ How many children are currently living with you? \_\_\_\_\_\_\_\_\_\_ Of the children living with you, how many are stepchildren? \_\_\_\_\_\_\_

How often do you and your spouse have arguments?

\_\_\_ A. Does not apply \_\_\_ B. Rarely \_\_\_ C. Everyday \_\_\_ D. Several times a week

\_\_\_ E. About once a week F. Once a month or less

Which of the following do you and your spouse or partner have arguments about? (Check all that apply)

\_\_\_ A. Does not apply \_\_\_ B. None \_\_\_ C. Money Issues \_\_\_ D. Household chores

\_\_\_ E. Disciplining the children \_\_\_ F. Sex \_\_\_ G. Relationships with relatives

\_\_\_ H. Relationships with friends \_\_\_ I. Issues related to work \_\_\_ J. Manners

\_\_\_ K. Alcohol use \_\_\_ L. Drug use \_\_\_ M. Religious Issues \_\_\_N. Other

Which of the following have been problems for you in the last 6 months:

Being criticized by others Feeling uncomfortable in social settings

Being shy Not having close friends

Feeling lonely Feeling inferior

OCD Having thoughts of suicide

Being physically hurt or abused Having trouble concentrating

Not having a steady income Being tired and having no energy

Being afraid of things Low Self-Esteem

Having recurring health problems Using drugs or alchohol

Facing criminal charges Being troubled by unusual sexual behavior

Having problems with sexual relationships Not having any enjoyment in life

Sexual problems Being disliked by coworkers

Children misbehaving Being afraid of hurting self

Not being able to stop worrying Friend/family member attempting suicide

Friend/family member dying Sexual Misconduct

Not getting along with others Parenting issues

Feeling depressed or sad Sexual Addiction

Feeling anxious or uptight Acculturation / Compulsive Shopping

**SELF IMAGE:**

Please circle the following words you would use to describe yourself:

Intelligent Trustworthy Crazy Confused Attractive Indecisive Confident

Regretful Deviant Naïve Persevering Forgetful Worthwhile Worthless

Unattractive Conflicted Ugly Ambitious A Nobody Considerate Stupid

Hardworking Sensitive Loyal Useless Honest Suicidal Evil

Inadequate Incompetent Humorous

**EDUCATION HISTORY:**

Where did you attend elementary/high school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the highest grade level completed? \_\_\_\_\_\_\_\_\_\_ Did you ever complete any post high school education? \_\_\_\_\_\_\_\_\_\_ What was your overall school experience like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY HISTORY:**

Have you ever served in the military? \_\_\_\_\_\_\_\_\_\_ How long did you serve in the military? \_\_\_\_\_\_\_\_

Have you served in the military during a time of war or conflict? \_\_\_\_\_\_\_\_\_\_ Has your service in the military included being stationed outside of the United States? \_\_\_\_\_\_\_\_\_\_ Were you, or have you been injured during your time of service? \_\_\_\_\_\_\_\_\_\_

Were you, or have you ever been, evaluated or treated for emotional or psychological problems while in the military? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your rank on discharge from the military? (or current rank if still in service) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a service connected disability rating? If so, what is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGION:**

What faith do you consider yourself to be? Do you actively attend church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSYCHIATRIC HISTORY:**

Have you ever been in counseling before? \_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_

With Whom? \_\_\_\_\_\_\_\_\_\_ For how long? \_\_\_\_\_\_\_\_\_\_ Have you ever been prescribed medication for psychological issues? \_\_\_\_\_\_\_\_\_\_ Have you ever been hospitalized for psychological problems? YES or NO

If yes, when and for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attempted suicide? YES or NO If yes, how and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any member of your family suffer from psychological problems? YES or NO

Has any family or friend attempted or completed suicide? YES or NO

**LEGAL HISTORY**:

Have you ever been arrested? Please provide criminal history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHEMICAL HISTORY:**

Which one of the following do you or have you used on a regular basis?

\_\_\_ Pot \_\_\_ Cocaine \_\_\_ Methamphetamine \_\_\_ LSD \_\_\_Tobacco \_\_\_ Crank

\_\_\_ Alcohol \_\_\_ PCP \_\_\_ Prescribed Pills \_\_\_ Heroin \_\_\_ Other

Do you feel your alcohol or drug use is a problem? YES or NO

**MEDICAL HISTORY:**

Who is your primary care provider? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical problems. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any past surgeries, traumas or chronic illnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have any physical problems that are not being treated by a medical doctor, but should be? YES or NO If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOSSES:**  Please list any significant losses over the course of your life. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPORT:** Please list people who are emotionally supportive of you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF THE CURRENT PROBLEMS:**

What is the main problem that led to your seeking treatment at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your own opinion how severe is this problem? Mild Moderate Severe

How long has this been a problem in your life? Less than 6 months 6 months – 1 year

1 year or more

How has this problem effected your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been treated for this problem before? YES or NO

What was most helpful about previous counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any other important information for Dr. Kirkland to know about you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_