

## PERSONAL INFORMATION FORM

(For The Department of Neurology, Taub Institute, & G.H. Sergievsky Center)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Date of Birth: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced If Married, Marital Date: \_\_\_\_\_

USA Citizen? ☐ Yes ☐ No If No, Visa Status: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Permanent Resident: ☐ Yes ☐ No If Yes, A#: \_\_\_\_\_

Ethnicity/Diversity (Check as many as applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> Hispanic or Latino             | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Black or African American     |
| <input type="checkbox"/> Native Hawaiian/Pacific Island | <input type="checkbox"/> White                         |

Current / Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_

Email: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Relation: \_\_\_\_\_