

**SOUTHEAST KENTUCKY AREA HEALTH EDUCATION CENTER
OBSERVATION FACT SHEET**

Date _____

PERSONAL INFORMATION:

1. Social Security Number: 000-00- _____ (last 4 #s)

2. Name: _____

3. Date of Birth: _____

4. Telephone Number: _____

Cell Phone Number: _____

Email: _____

5. **Address:**

Street _____

City _____

State, Zip _____

UNIVERSITY/HIGH SCHOOL/GRADE SCHOOL INFORMATION:

6. Name of college, high school or grade school in which enrolled: _____

7a. In case of emergency contact: _____

7b. Relationship & Phone #: _____

STATISTICAL INFORMATION:

8. Ethnic background:

- American Indian Asian
 African-American Hispanic
 White other

9. Gender: Male Female

10. Marital Status: Single Married Divorced Widowed

11. Number of Children: _____

12. Year of Graduation from High School: _____