



CHDR Research Participant Database

Today's Date ____/____/____

Participant Name: _____ Gender: ____ Male ____ Female

Date of Birth: ____/____/____ Current Age: _____

Primary Language: ____ English ____ Spanish Other: _____

School Program: _____ School Grade: _____
(e.g., life skills, mainstreamed, resource)

Current Diagnosis (*check all that apply*): Handedness: ____ Right ____ Left

____ Down syndrome ____ Learning Disabled ____ Depression

____ Autism/PDD ____ Mentally Retarded ____ Anxiety

____ ADHD ____ Borderline IQ ____ Normal Control

____ ED/Conduct Disorder ____ Other: _____

Previous IQ Testing? ____ Yes ____ No Results: _____

Have you been seen before at UTMSI? ____ Yes, clinically (Doctor _____)
____ Yes, for research

Does participant have braces or other internal metal? ____ Yes, ____ No

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

Home Phone Number: ____/____/____ Fax Number: ____/____/____

Work Phone: ____/____/____ Cell Phone: ____/____/____

Email Address: _____

Please complete form and return to:

By Mail: Center for Human Development Research, Attn: Rosleen Mansour, 1300 Moursund, Houston, TX 77030

By FAX: 713-500-2585, Attn: Rosleen Mansour

By Email: Rosleen Mansour at Rosleen.Mansour@uth.tmc.edu