



# Cabler Polygraph, LLC

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## GENERAL INFORMATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CASE # \_\_\_\_\_ SESSION # \_\_\_\_\_

SUBJECT \_\_\_\_\_ SEX \_\_\_\_\_  
*Last Name First Name MI*

DL \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS (to forward polygraph report) \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Previous Polygraph Examination: Yes  No  please explain: \_\_\_\_\_

List all current medical / physical conditions: \_\_\_\_\_

Any current discomfort: Yes  No  (describe) \_\_\_\_\_

Are you pregnant: Yes  No  Have you eaten in the last 24 hours: Yes  No

Time you went to bed: \_\_\_\_\_ Time you got up: \_\_\_\_\_ How did you sleep: Good  Fair  Poor

Major injury/surgery within the last 6 months: Yes  No  (list) \_\_\_\_\_

Do you currently have heart problems: Yes  No  Do you have any communicable diseases now: Yes  No

Have high/low blood pressure: Yes  No  Do you have seizures: Yes  No  Have trouble hearing: Yes  No

Currently having back pain: Yes  No  Alcohol in last 24 hours: Yes  No

Please list all medications that are currently prescribed to you: \_\_\_\_\_

Any illegal drugs consumed in last 24/48 hours: Yes  No  Please list the drugs taken, how much and when: \_\_\_\_\_

Ever been a patient in a mental hospital: Yes  No  Ever seen a psychologist or psychiatrist: Yes  No

Have you ever been diagnosed with or treated for: Depression: Yes  No  Schizophrenia: Yes  No

Bipolar Disorder: Yes  No  Panic/Stress Disorder: Yes  No  Obsessive Compulsive Disorder: Yes  No

Alcohol Dependence: Yes  No  Drug Addiction: Yes  No  Any Eating Disorder: Yes  No

Any form of Personality Disorder: Yes  No  Posttraumatic Stress Disorder: Yes  No  Phobias: Yes  No