|  |  |
| --- | --- |
| N:\Nursing\PDNR\Simulation\Simulation Center\simulation_3d LOGO.JPG | Standardized Patient Application |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Demographic Data

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender: | Male | Female | |  | | | | |
| Birth date: | | | | | | | | |
| Marital Status: | | | | Single  Widowed | | Married  Divorced | With Partner  Separated | |
| Race/Ethnicity: | | | Black/African American  Hispanic/Latino | | White/Caucasian  Asian | | | Other or mixed race: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any prior experience in the health care industry? | YES | NO | *If yes, in what capacity?* |  |
|  | | | | |

**Occupation and Employment history:**

|  |  |
| --- | --- |
| Describe the type of work you are doing or have done in the past: |  |

**Education:**

|  |  |  |  |
| --- | --- | --- | --- |
| Highest degree or level of school completed: | Did Not finish High school  High school graduate | Associate Degree  Bachelor’s Degree | Master’s Degree  Doctorate Degree |

**Language Skills:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you speak another language other than English? | YES | NO | *If yes, please list other languages:* |  |

|  |
| --- |
| **Office Personnel only**  Initial Meeting: Training: Confidentiality/Video Recording: |

## Physical Description

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Height: | Short stature | | Average | Tall |
| Weight: | Thin | | Average | Overweight |
| Hair Color: | Blonde Red | | Brunette Silver | Black  Shaved |
| Hair Length: | Short | | Medium | Long |
| Body Piercing: | | No Piercing | Ears Only | Other: |
| Tattoos: | Neck  Arms | | Torso  Legs |
| Scars: | Neck Chest  Other: | | Abdomen Back | Left Arm Left Leg  Right Arm Right Leg |
| Physical features: | Glasses Prosthesis: | | Walker  Cane | Hearing Aide  Other: |

## Medical History

|  |
| --- |
| In the below section, please indicate medical history and illnesses that you would be willing to portray in a simulation scenario. |
| Hospitalizations: |

|  |
| --- |
| Medical Illnesses or Long Term Problems  Examples: Diabetes, High Blood Pressure, Arthritis |

|  |
| --- |
| Past Surgery (include date if known): |

|  |
| --- |
| Accidents or Injuries (include date if known): |

|  |
| --- |
| OB/GYN History (Women only):  Number of children:    Previous Pregnancies:  Age of onset of menopause: |
|  |
| Other forms of Therapy Used (Check all that apply):  Acupuncture  Massage Therapy  Chiropractic Care  Physical Therapy  Other: |

|  |
| --- |
| Religious Affiliation:  Baptist Level of participation in religious activities:  Protestant  Active/Religion is very important to me  Catholic  Occasionally participates  Non-Denominational  Inactive  Jewish  Buddhist  Muslim  None  Other: |

|  |
| --- |
| Hobbies and Leisure Activities: |

## Sensitive Topics:

|  |
| --- |
| **Mark YES to topics that you would be willing to address during an interview or simulation scenario. Mark NO to topics that you are not comfortable being asked to portray as a standardized patient.** |

|  |  |  |
| --- | --- | --- |
| YES | NO | Homosexual/Bisexual/Transgender |
| YES | NO | Person with multiple sexual partners |
| YES | NO | Person with HIV or AIDS |
| YES | NO | Alcoholic |
| YES | NO | Person with Substance Abuse-Illegal or Prescription |
| YES | NO | Person with Dementia |
| YES | NO | Person with Mental Illness |
| YES | NO | Person with Post Traumatic Stress Disorder |
| YES | NO | Military Veteran |
| YES | NO | Victim of Assault or Rape |
| YES | NO | Person experiencing Domestic Violence |
| YES | NO | Grieving spouse or family member |
| YES | NO | Dying Person |
| YES | NO | Person experiencing homelessness |
| YES | NO | Person whose spouse is dying |