|  |  |
| --- | --- |
| 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 ProblemsExamples: 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 TherapyOther: |

|  |
| --- |
| 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 |