

Initial Patient Self-Assessment (Version 2)

Demographics:

Name: _____

Address: _____

E-mail: _____

Phone Number: _____ Gender: _____

Primary Language: _____ Date of Birth: _____

Occupation:

- Clerical Skilled Labor Student Retired
- Homemaker Professional/Managerial Other Labor
- Sales Unemployed Other

Education:

- Elementary School High School Degree College Degree
- Some High School Some College Post Graduate

Race/ Ethnicity:

- American Indian or Alaska Native Hispanic/Latino/Mexican
- Asian / Chinese/ Japanese / Korean White/Caucasin
- Black / African American Native Hawaiian or Pacific islander
- Other

