

ATTACH THIS COMPLETED SHEET TO PATIENTS BED

THIS SIDE UP

THIS PERSON WOULD LIKE TO BE KNOWN BY THEIR:

Preferred Greeting: (Check one)

First Name Last Name Other

IMPORTANT INFORMATION THAT THIS PERSON WOULD LIKE YOU TO KNOW ABOUT THEM:

1. _____

2. _____

3. _____

4. _____

5. _____

BACK PAGE - THIS SIDE DOWN

1. Admission Date (MM/DD/YY) _____

2. Respondent: Patient Agent

3. Site of care: TICU MICU Med-Surg

4. Zip code of primary household: _____

5. Sex: Male Female Other

6. Age:

18 to 24 years

25 to 44 years

45 to 64 years

65 to 84 years

85 years and over

7. Race/Ethnicity:

White

Hispanic, Latino, or Spanish origin

Black or African American

Asian

Other