**Standardized Patient Application**

The information requested on this questionnaire will enable us to make the best fit between you and the learning or testing needs of the medical student. All information will be kept confidential and used only for the purpose of standardized patient selection and research.

**PLEASE PRINT ALL ANSWERS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>First Name</td>
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<tr>
<td>Middle Name</td>
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<tr>
<td>Last Name</td>
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<tr>
<td>Social Security #</td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Employer</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Number of Children</td>
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<tr>
<td>Height</td>
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<td>Weight</td>
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Ethnic Background: *(Circle one)*

- Caucasian
- Asian
- African American/Black
- Hispanic
- Mediterranean
- Other
Home Address:
  Street ________________________________________________
  City ________________________________________________
  State ______________________________________________
  Zip _________________________________________________

Day Phone Number ______________________________________
Eve. Phone Number ______________________________________
Mobile Number __________________________________________
EMAIL Address __________________________________________

Best way to communicate during the day ______________________

How did you hear about the SP program? ______________________

Primary Language _________________________________________
Secondary Language _________________________________________

What special skills/abilities/experiences do you bring to the role of SP? _________
________________________________________________________________________
________________________________________________________________________

**CURRENT HEALTH STATUS**

Your personal health status and experiences will impact your standardized patient portrayals. Please answer the following questions briefly to help us best match your characteristics to our curriculum needs.

List distinguishing physical features such as scars, birthmarks, tattoos and specify where they are located: __________________________________________________________
________________________________________________________________________
List current medical conditions__________________________________________________

__________________________________________________

List any physical limitations you may have________________________________________

__________________________________________________

List any surgeries you have had and the year you had them________________________________

<table>
<thead>
<tr>
<th>Do you smoke?</th>
<th>No</th>
<th>Occasionally</th>
<th>Regularly</th>
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<tbody>
<tr>
<td>Do you drink alcohol?</td>
<td>No</td>
<td>Occasionally</td>
<td>Regularly</td>
</tr>
<tr>
<td>Do you exercise?</td>
<td>No</td>
<td>Occasionally</td>
<td>Regularly</td>
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Please circle if you have problems associated with any of the following:

- Arthritis
- Allergies
- Back
- Bladder
- Bleeding
- Blood Pressure
- Bowel
- Breathing
- Diabetes
- Ears
- Eyes
- Gallbladder
- Gynecological
- Heart
- Hormone
- Joints
- Kidneys
- Liver
- Lungs
- Migraine
- Muscles
- Neck
- None
- Pregnancies
- Prostate
- Psychological
- Sinus
- Skin
- Stomach
- Throat
- thyroid
- Ulcer
- Other
To take advantage of your real life experiences in your role as a Standardized Patient (SP), it would be helpful to know if you have had a close friend(s) or relative(s) with any significant health problem or disease (e.g., friend with cancer, mother with diabetes). If so, please specify:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please briefly describe your best experience with the medical profession
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Briefly describe your worse experience with the medical profession
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

In general, how do you currently feel about the medical profession
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Why are you interested in being a Standardized Patient
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Availability**

SPs are used primarily in morning or afternoon sessions lasting 2-4 hours. Occasionally, SPs are needed for several consecutive full days. Please indicate your availability to work as an SP:

<table>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>Morning</td>
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<td>Afternoon</td>
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<tr>
<td>Full Days</td>
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Types of SP Experiences

The FSU College of Medicine needs SPs for many types of learning and testing situations. You will not be asked to participate in any type of examination you are not comfortable with.

Please indicate which of the following types of educational experiences you would be willing to participate in:

- Small group portrayals with 8-10 students and 1-2 faculty
- Video-taped SP portrayals
- Fully clothed portrayals:
  - History taking
  - Sharing a personal medical experience
  - Health Counseling and Teaching
- Portrayals that require wearing a hospital gown (underclothes may be worn):
  - Upper body physical examination (student will listen to hearts and lungs with a stethoscope)
  - Lower body physical examination (student will examine, press on abdominal area and listen with a stethoscope)

A small number of SPs will be specifically trained to help instruct students in conducting female pelvic and breast exams and male testicular and rectal exams. Pay for this work is higher than other work and requires the SP to participate in the particular exam. Would you be interested in learning more about being a simulated patient for one of these exams? (circle one)

Yes  No