

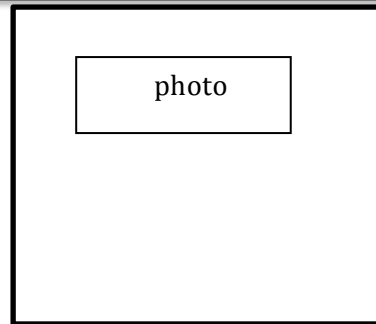
**Standardized Patient (SP) Intake Form**

---

Current Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

---

Date of Birth: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Gender:  Male  Female  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
USD Employee:  Yes  No  
Highest Level of Education: \_\_\_\_\_  
Medical Training: \_\_\_\_\_



Please list physical findings (scars, tattoos, heart murmur, cataracts, etc.): \_\_\_\_\_

Illnesses, Surgeries, Hospitalizations: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

If you have children whom would be interested in being an SP,(for pediatric well child visits), please list gender and date of birth: \_\_\_\_\_

Why are you interested in working as a Standardized Patient? \_\_\_\_\_

Please list any related qualifications (theatre, teaching, communications, etc.): \_\_\_\_\_

Have you worked as an SP before?  Yes  No  
If so, where? \_\_\_\_\_  
If so, have you been trained to delivery learner feedback?  Yes  No

Are you interested in participating in Physical Exam sessions (shoulder exam, thorax exam, etc)?  Yes  No  
Are you interested in participating in sensitive Physical Exam sessions (breast/pelvic, male genitalia)?  Yes  No

---

Please bear in mind that standardized patients are contracted as needed, based on the educational and experiential requirements of our medical students. We will contact you when a project appropriate for you arises, and you will be required to attend at least one comprehensive training session prior to each learning event you are assigned.