NEWCare
New England Wound & Ostomy Care

PATIENT DEMOGRAPHICS

Patient Name: _____ **DOB:** _____

Why do we ask these questions?
This data helps to ensure that our patients get the best care possible. This data also helps us to better understand our patients' needs.

In what language would you prefer to discuss your healthcare?
☐ English ☐ Other: _____

Which category best describes your race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to answer.
☐ Other: _____

Ethnicity:
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

Marital Status:
☐ Married ☐ Divorced ☐ Widowed ☐ Single ☐ Partner ☐ Other: _____

Employment:
☐ Full Time ☐ Part Time ☐ Not Employed ☐ Student ☐ Retired
Occupation: _____

Advance Directives Set Up:
☐ Yes ☐ No

If Yes: ☐ Living Will ☐ Health Care Proxy ☐ MOLST Form ☐ DNR (Do Not Resuscitate) ☐ Full Code

Healthcare Proxy:
☐ Yes ☐ No

Health Care Proxy Name: _____

Guardianship:
☐ Full Guardianship ☐ Limited Guardianship ☐ Emergency Guardianship ☐ No

Guardian Name: _____