

Do you have any chronic medical problems or conditions (such as high blood pressure, diabetes, arthritis, etc.) for which you are being or have been treated? If so, please specify:

Have you had any surgeries? If so, please specify (year performed, type, size and location of scar):

Do you have any other significant scars, irregularities, or handicapping conditions? (such as partial deafness, muscle weakness, heart murmur, etc.):

How did you hear about the Simulated Patient Program?

What makes you interested in working as a simulated patient?

Describe your personality (in 10 words or less):

What skills, abilities, or experiences do you feel you bring to this role? (bilingual, etc.)

Briefly describe your past experiences with and opinions about physicians and other medical care providers:

Males: Are you interested in participating as a patient instructor in the male genital/rectal examination program? Yes _____ No _____
Need more information _____

Females: Are you interested in participating as a patient instructor in the pelvic and breast examination program? Yes _____ No _____
Need more information _____

Signature: _____ Date: _____