

Patient Profile Worksheet

Patient Name:		Gender: M F	DOB: ____ / ____ / ____
Address:		City:	State: Zip:
Contact Info: <input type="checkbox"/> Home: <input type="checkbox"/> Work: <input checked="" type="checkbox"/> OK to contact * Best # to reach patient	<input type="checkbox"/> Cell:	Best Time to Reach Patient:	Best Appointment Days / Times:
	<input type="checkbox"/> email:		
Languages:		Occupation:	Employment Status: <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> full time <input type="checkbox"/> part time
Spouse / Significant Other:		Children / Grand Children:	
Favorite Foods:		Pets:	
Hobbies / Sports / Interests:		Books / Movies / Music:	
Other Notes:		Anniversary / Significant Milestones:	

Important Information Needs / Expectations:

- Disease management
- Treatment alternatives
- Clinical trials – general
- Clinical trials – study specific info / updates
- Updates on labs / diagnostic reports or health status
to self ____ to PCP
- See MD at each visit
- No waiting time in clinic
- Pager / 24-hour availability to staff
- Frequent contact by staff
- Appointment reminders
- Recognition
- Other:

Primary Motivators:

- Inadequate response to current treatment
- Side effects from current treatment
- Low cost medical treatment
- Altruistic reasons
- Seeking more information about disease / disease management
- Other:

Logistical Considerations:

- Transportation challenges
- Flexible / convenient appointment times
- Financial challenges
- Insurance issues
- Other:

Name:

Relationship:

Contact Information:

Notes:

Name:

Relationship:

Contact Information:

Notes:

Important Influencers

Name:

Relationship:

Contact Information:

Notes: