

Standardized Patient Post-Offer Database Questionnaire

First Name: <input type="text"/>	Last Name: <input type="text"/>	Today's Date: Click	
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Email: <input type="text"/>	Best way to reach you:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Cell: <input type="text"/>	Emergency Contact Name: <input type="text"/>	
	<input type="checkbox"/> Home: <input type="text"/>	Phone: <input type="text"/>	
	<input type="checkbox"/> Work: <input type="text"/>		
DOB: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>	Ethnicity can portray: Choose
Fluency in Spanish and interested in being cast for Spanish-speaking roles:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical characteristics and/or medical conditions (required information for casting/standardization: See definition link below):			
Surgical scars: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Tattoos: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Prostheses: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Assistive devices: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Pacemakers: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Hearing aids: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Muscle weakness: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Speech impediments: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Other physical or cognitive limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: <input type="text"/>		
Additional comments: <input type="text"/>			