

Patient Language and Cultural Demographics Form

To help us provide the best possible care, please complete this form regarding your language preferences and cultural background. This form is for clinical documentation purposes.

1. General Patient Information

Patient Full Name:

Date of Birth (MM/DD/YYYY):

Patient ID / Medical Record Number:

2. Language and Communication Preferences

Please specify your communication needs to help us arrange for interpretation services if necessary.

Primary Language Spoken at Home:

Secondary Language Spoken:

Preferred Language for Written Materials:

Do you require a professional medical interpreter? (Write Yes or No):

Do you require Sign Language interpretation? (Write Yes or No):

Do you require any other assistive communication devices? (Describe):

3. Cultural and Religious Background

Sharing your cultural and religious beliefs helps us respect your values during your medical care.

Cultural or Ethnic Identity (Optional):

Religious, Spiritual, or Philosophical Affiliation (Optional):

Are there specific religious or spiritual practices we should accommodate? (Describe):

Cultural or Religious Dietary Restrictions (e.g., Halal, Kosher, Vegetarian):

4. Healthcare Beliefs and Preferences

Please indicate any specific preferences you have regarding your medical treatment and interactions with healthcare providers.

Preferred Gender of Healthcare Provider (Write Male, Female, or No Preference):

Are there cultural or religious objections to blood transfusions? (Write Yes or No):

Who makes the primary medical decisions in your family? (e.g., Self, Spouse, Eldest Family Member):

Any other cultural customs or beliefs we should be aware of regarding your care?:

5. Form Completion Details

Form Completed By (Name):

Relationship to Patient (e.g., Self, Parent, Interpreter):

Date Completed (MM/DD/YYYY):