

**Case #:**

**Institution #:**  
**Form A 5**

<h2>Demographics</h2>
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1. Zip code: \_\_\_\_\_
2. Year of birth (yyyy): \_\_\_\_\_
3. Year at start of RT (yyyy): \_\_\_\_\_
4. Age at start of RT: \_\_\_\_\_
5. Primary payment method: \_\_\_\_\_
  - 1 = Medicare
  - 2 = Medicare HMO
  - 3 = Medicaid, Medi-Cal, etc.
  - 4 = Blue Cross/Blue Shield
  - 5 = HMO
  - 6 = Champus/VA/TRICARE
  - 7 = Other insurance plan
  - 8 = Self-pay
  - 9 = Unknown
6. Secondary payment method \_\_\_\_\_
  - 0 = Not applicable
  - 1 = Medicare
  - 2 = Medicare HMO
  - 3 = Medicaid, Medi-Cal, etc.
  - 4 = Blue Cross/Blue Shield
  - 5 = HMO
  - 6 = Champus/VA/TRICARE
  - 7 = Other insurance plan
  - 8 = Self-pay
  - 9 = Unknown
7. Race \_\_\_\_\_
  - 1 = White
  - 2 = Black or African American
  - 3 = Asian
  - 4 = Native Hawaiian or Other Pacific Islander
  - 5 = American Indian or Native Alaskan
  - 6 = More than one race
  - 8 = Other
  - 9 = Unknown
8. Ethnicity \_\_\_\_\_
  - 1 = Hispanic or Latino
  - 2 = Not Hispanic or Latino
  - 9 = Unknown

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9. Communicates in English \_\_\_\_\_  
1 = No  
2 = Yes, no problem  
3 = Yes, with difficulty - language issue  
4 = Yes, with difficulty - physical/psychological issues  
9 = Unknown

10. Primary spoken language \_\_\_\_\_  
1 = English  
2 = Spanish  
3 = Chinese (Mandarin, Cantonese etc.)  
4 = Japanese  
5 = Korean  
6 = Vietnamese  
7 = Tagalog  
8 = French (Patois, Cajun, Creole etc.)  
9 = German  
10 = Italian  
11 = Russian  
12 = Portuguese (Creole)  
13 = Polish  
14 = Arabic  
15 = Other, NOS  
88 = Other (specify, below)  
99 = Unknown

11. Other language, specified \_\_\_\_\_

*If primary language spoken is not (1) English then,*

12. Non-English speaking by history \_\_\_\_\_  
1 = No  
2 = Yes

13. Foreign language consent \_\_\_\_\_  
1 = No  
2 = Yes

14. Use of translator documented \_\_\_\_\_  
1 = No  
2 = Yes

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15. Marital/partner status \_\_\_\_\_  
1 = Married  
2 = Widowed  
3 = Divorced  
4 = Separated  
5 = Never Married  
6 = Living with partner  
9 = Unknown

16. *Question deleted*

17. Gender \_\_\_\_\_  
1 = Male  
2 = Female

Note: **DO NOT** include any Personal Health Information (PHI) in these comments.

18: Comments: \_\_\_\_\_

19: Comments: \_\_\_\_\_

*Questions 20-22 added*

20. Did chart include init consultative report sent from RO to ref MD? \_\_\_\_\_  
1 = No  
2 = Yes  
3 = Yes, Report in chart, but no indication it was sent to referring MD  
4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart  
9 = Unknown
21. Did chart include tmnt summary report sent from RO to referring MD? \_\_\_\_\_  
1 = No  
2 = Yes  
3 = Yes, Report in chart, but no indication it was sent to referring MD  
4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart  
9 = Unknown
22. Was informed consent documented in the chart? \_\_\_\_\_  
1 = No  
2 = Yes, signed and witnessed consent document in chart  
3 = Yes, consent process documented only (ICF not in the chart)  
9 = Unknown