

Dementia Screening/GrayMatters Patient Demographic Sheet

Social Security Number	_____ - _____ - _____	Address	_____
First Name	_____		_____
Last Name	_____	City	_____
		State	_____
Referring Physician	_____	Zip	_____
		Home phone	_____
Emergency Contact	_____	DOB	____ - ____ - _____
Relation	_____	Gender	Male Female
Phone	_____ - _____ - _____		

How did you hear about the event? _____

Race/Ethnicity

- African-American
- American-Asian
- Caucasian
- Hispanic
- Other

Years of Education

- Less than 12 years
- High school graduate
- College: some college, no degree
- College: associate's degree
- College: bachelor's degree
- College: Graduate degree

Primary Language

- English
- Spanish
- Other

Housing

- Independent in the community
- Assisted living
- Nursing home
- Living with family members
- Retirement center
- Other

Occupational Status

- Working full time
- Working part time
- Retired
- Homemaker
- Never worked
- Disabled
- Other

Marital Status

- Married
- Widow(er)
- Never married
- Separated
- Divorced

For office use only

Examiner _____
Tester ID _____
Location _____