

Intermacs

Demographics

First Name**Middle Name****Last Name****Medical record number****SSN (last 5 digits)**ST= Not Assigned Undisclosed**Health Insurance Claim Number (HICN):**

Enter the HICN issued by CMS.

ST= Unknown**Date of Birth**

MM/DD/YYYY

Gender Male Female Unspecified**Ethnicity: Hispanic or Latino** Yes No Unknown**Race**

Enter all race choices that apply

 American Indian or Alaska Native Asian African-American or Black Hawaiian or other Pacific Islander White Unknown / Undisclosed Other / none of the above**Marital Status** Single Married Domestic Partners Divorced/Separated Widowed Unknown**Highest education level** None Grade school (0-8) High school (9-12) Attended college/technical school Associate/bachelor degree Post-college graduate degree

- Not Applicable
- Unknown

Working for income

- Yes
- No
- Unknown

If yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

If No, Not Working Due To:

- Disability
- Demands of Treatment
- Insurance Conflict
- Inability to Find Work
- Patient Choice - Homemaker
- Patient Choice - Student Full Time/Part Time
- Patient Choice - Retired
- Patient Choice - Other
- Not Applicable - Hospitalized
- Unknown

Is patient involved in a VAD related study?

- Yes
- No
- Unknown

What is the name of the study?**Is this an industry sponsored post approval study?**

- Yes
 - No
 - Unknown
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