2.1: Introductory Information- Demographic and Biographic Data

“Introductory information” refers to the **demographic and biographic data** that you collect from the client. This data provides you with basic characteristics about the client, such as their name, contact information, birthdate and age, gender and preferred pronouns, allergies, languages spoken and preferred language, relationship status, occupation, and resuscitation status.

Although this data is brief and succinct, the intent of collecting it is not to be reductionist or to label clients. Rather, it is meant as a **brief overview** of the client and to provide the information you need to reach next of kin in an emergency, to be attentive to allergies at a glance, and to tend to the client in a caring manner. See **Film Clip 2.1** of a nurse conducting an assessment of a client’s demographic and biographic data. See **Table 2.1** for suggested questions and statements you can use to collect this data in an inclusive and caring manner, as well as an example of a demographic and biographic form below.
A YouTube element has been excluded from this version of the text. You can view it online here: https://ecampusontario.pressbooks.pub/healthassessment/?p=154

**Film Clip 2.1: Nurse assessing demographic and biographic data**

<table>
<thead>
<tr>
<th>Data</th>
<th>Questions and Statements</th>
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<tbody>
<tr>
<td></td>
<td><strong>Table 2.1: Introductory information: Collecting demographic and biographic data</strong></td>
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**Demographic Information Form (Example)**

Clicking the hyperlinked question mark (?) next to the example form fields will take you to some suggested questions to ask your patient.

- **Interview Date:**
- **Client Name:** (?)
- **Date of Birth:** (?)
- **Age:** Sex: Male / Female / Another Option
- **Gender You Self Identify With:** (?) Preferred Pronouns:
- **Healthcard Number:**
- **Primary Language:** (?)
- **Relationship Status:** (?)
- **Phone Number:**
- **Address:**
- **Allergies:** (?)
- **Occupation/Education:** (?)
- **Resuscitation Status:** (?)
Emergency Contact: Relationship to Patient:

Phone Number:

Information from: Patient / Other

Patient Accompanied: Yes / No Accompanied’s Details:

Test Yourself

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