
**ROSARY HALL - CULTURAL ASSESSMENT
SUPPLEMENT TO CIAIC MEMO FIELD "R"**

Client Name _____ DOB _____

- 1. Do you identify with a particular racial or ethnic group or culture? Yes No
If yes, how important is this cultural identity to you?
 very somewhat not very

- 2. What is your family's racial and/or ethnic background?

- 3. What is your preferred language?

- 4. What cultural practices, family occasions or holidays are important in your family?

- 5. Please list the key family members who take an active role in helping, guiding or supporting you – emotionally or financially.

- 6. Are you proud of your family background?

- 7. What does this agency need to know about the role of your culture and how it will support or affect your treatment or recovery?



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PATIENT LABEL