## **Cultural Considerations Assessment**

## **General Information**

Name
Date
Assessor
Cultural Background
Ethnicity/Cultural Identity
Country of Origin
Primary Language(s) Spoken
Other Relevant Cultural Factors
Religious/Spiritual Beliefs
Religion/Spiritual Practice
Important Beliefs or Practices
Family and Social Dynamics
Family Structure
Key Social Supports

Community Role/Status

Communication	
Preferred Communication Style	
Interpreter Required?	<b>▼</b>
Other Considerations	
Health Beliefs and Practic Traditional Remedies or Healers	ces
Beliefs Affecting Care	
Dietary/Special Needs	
Additional Notes	