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| PATIENT INFORMATION |
| ❑ Mr. ❑ Mrs. Last name: First: Middle:❑ Ms. ❑ Miss  |
|  Social Security#:  |  Birth date: / / | Age: | Sex: ❑ M ❑ F |
| Street address: Unit/Apt/Suite/Floor:  |
| P.O. Box: | City: | State: | ZIP Code: |
|  Race: Check All That Apply ❑ American Indian/Alaskan Native ❑ Asian ❑ Black/African American ❑ Pacific Islander ❑ Multi-racial ❑ Native Hawaiian ❑ Other Pacific Islander ❑ White ❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | Preferred Language:❑ English ❑ Spanish❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ethnicity:❑ Hispanic\Latino❑ Non Hispanic\Latino | Marital status❑ Single ❑ Mar ❑ Div ❑ Sep ❑ Widowed | Are you a student:❑ Yes ❑ No |  |
| Primary Telephone#: ❑ Home ❑ Cell ❑ WorkSecondary Telephone#: ❑ Home ❑ Cell ❑ Work |
| Occupation: | Employer Name: ❑ Full Time ❑ Part Time | Employer phone #:( ) |
| By providing your email address, you agree to receive CHS updates and notifications:Email Address:  |
| responsible party (COMPLETE ONLY IF DIFFERENT FROM PATIENT) |
| Name: | Address :  |
|  Birth date: / / | Home Phone #: ( ) |
| Occupation: | Employer: | Employer address:  |
| Employer Phone #:( ) | Migrant Farm Worker?❑ Yes ❑ No | Social Security #:` |
| Emergency ContactName: | Relationship to patient: | Home phone #:( ) |
| Because we are a federally-qualifed community health center, we are required to report data about the basic financial information of our patients. This information is confidential. |
| Homeless:❑ Yes ❑ No❑ Shelter ❑ Transitional❑ Street ❑ Doubled up | Migrant Worker:❑ Yes❑ No❑ Seasonal | Veteran: ❑Yes ❑ No  | # of people in household \_\_\_\_\_\_Approximate Household Annual Gross Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance Information |
| (Please give insurance card(s) to the receptionist) |
| Name of Primary Insurance: | Policy Number #:  | Group: |
| Subscriber Name:  | Patient’s Relationship to Subscriber: ❑ Self ❑Spouse ❑ Child ❑ Other |
| Name of Secondary Insurance(If Applicable):   | Policy Number #: | Group #: |
| Subscriber Name: | Patient’s Relationship to Subscriber: ❑ Self ❑Spouse ❑ Child ❑ Other |
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