

Patient Registration Form

Patient Information

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____
Previous Name: _____ Cell Phone Number: _____ Home Phone Number: _____
E-Mail: _____ Social Security #: _____

Address

Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Legal Guardian or Financial Party Responsible

Last Name: _____ First Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship to Patient: _____ Social Security #: _____ Phone Number: _____
Estimated Income: _____ Frequency: Annually Monthly Biweekly Hourly Household Size: _____

Emergency Contact:

Name: _____ Phone Number: _____ Relationship to Patient: _____

Additional Patient Information

Marital Status: Single Married Divorced Widowed Separated

Language: English Spanish Tagalog Other Language (Specify): _____

Do you require special assistance? None Sign language Language Interpreter Other: _____

Student Status? Full-Time Part-Time Not a student

How can we contact you? Phone Text Message E-Mail Post Mail

Demographics:

Birth Sex: Male Female

Sexual Orientation: Lesbian, Gay or Homosexual Straight or Heterosexual Bisexual Something Else Don't Know Choose not to Disclose

Gender Identity: Male Female Transgender, Male – Female Transgender, Female – Male

Race: Asian Native Hawaiian/Other Pacific Islander White/Caucasian Black/African American American Indian/Alaska Native More than one race

Unreported/Choose not to disclose race

Ethnicity: Hispanic, Latino/a or Spanish Origin Puerto Rican Cuban Not Hispanic, Latino/a or Spanish Origin Unreported/Choose not to disclose ethnicity

Homelessness Housing: Shelter Transitional Housing Doubling Up (Temporary and unstable) Street Permanent Supportive Other Unknown

Agricultural Worker (check one): Migrant Seasonal

Military Status: Do you consider yourself a U.S Military Veteran? Yes No

Sliding Fee Discount

If you are uninsured, you may be eligible for the **Sliding Fee Discount** based on income and household size.

Yes, I want more information on the Sliding Fee Discount

Signature of Patient/Legal Guardian: _____ Date: _____

Name of Patient/Legal Guardian: _____ Relationship to Patient: _____

Glossary

Agricultural Worker:

- Migratory agricultural workers: Individuals who work in agriculture and must keep traveling in different regions to have work.
- Seasonal agricultural workers: Individuals who work in agriculture on a seasonal basis and who DO NOT meet the definition of a migratory agricultural worker.

Ethnicity: Someone belonging to a population group or subgroup made up of people who share a common cultural background or descent, can be:

- Hispanic, Latino/a or Spanish Origin: Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban
- Not Hispanic, Latino/a or Spanish Origin
- Unreported/Choose not to disclose ethnicity

Homeless: Describes an individual who does not have safe and secure housing during the night in which the location is unfit for someone to live (e.g., street, field, abandoned building)

Homelessness Housing:

- Shelter: Typically offers a temporary place to sleep and food to those in need, but often has limitations on the number of days or hours that a person can stay there.
- Transitional Housing: A housing solution that assists individuals into permanent housing.
- Doubling Up: Someone who is living with others. The arrangement is temporary and unstable,
- Street: Someone who is living outdoors, in a vehicle, in an encampment, in makeshift housing/shelter, or in other places generally not deemed safe or fit for human occupancy.
- Permanent Supportive: Is in service-rich environments, does not have time limits, and may be restricted to people with some type of disabling condition.
- Unknown: Someone who is known to be experiencing homelessness whose housing situation is unknown.

Military Status: Discharged individuals who served in the active military, naval, or air service, which includes the Air Force, Army, Coast Guard, Marines, Navy, and Space Force, or as a commissioned officer of the Public Health Service or National Oceanic and Atmospheric Administration. This also includes individuals who served in the National Guard or Reserves on active-duty status.

Race: A physical or social categorization of an individual that can be based on inheritance or genetics. Includes:

- Asian: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
- Native Hawaiian/Other Pacific Islander: Guamanian or Chamorro/Samoan
- White/Caucasian
- Black/African American
- American Indian/Alaska Native
- More than one race
- Unreported/Choose not to disclose race

Sliding fee discount: A discount that adjusts fees based on the patients' ability to pay based on their income and family/household size.

Sexual Orientation and Gender Identity (S.O.G.I):

Birth Sex: Your sex at birth. (Male or Female)

Gender Identity: How you feel about yourself as being a male/man or female/women, can be different than your birth sex.

- Transgender (male to female): Male at birth who identifies as a female
- Transgender (female to male): Female at birth who identifies as a male

Sexual Orientation: How people describe their personal (emotional and physical) attraction to others.

- Heterosexual: Men who are attracted to women and women who are attracted to men
- Gay: Someone who is attracted to the same gender as themselves.
- Lesbian: Women who are attracted to other women
- Bisexual: Someone who is attracted to women and men