



Patient Registration Form

Patient Information:

Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Phone Number: _____ Email Address: _____

Home Cell Work

Ok to send secured message? Yes No

Ok to leave message or send text message? Yes No

Marital Status: Single Married Divorced Separated Widowed

Emergency Contact: _____ Relationship: _____ Phone #: _____

Responsible Party- If the patient is a minor (under the age of 18), the parent or guardian bringing the patient in will be listed as the guarantor:

Name: _____

Address: _____

Same as patient

Phone Number: _____ Relationship to Patient: _____

Insurance Information:

Do you have Medical Insurance? *Please present your insurance card to the medical receptionist.*

Medicare Medicare Advantage Medicaid Other: _____ No Insurance

Medical Insurance Policy Number: _____ Group Number: _____

Subscriber Name on Insurance Card: _____

Date of Birth of Person on Card: _____ Relationship to Person on Card: _____

Additional Information:

<p>Race (check all that apply)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Decline to Answer</p>	<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non-Hispanic/Latino</p> <p><input type="checkbox"/> Decline to Answer</p> <p>Preferred Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Vietnamese</p> <p>Other _____</p> <p>Are interpreter services needed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Sexual Orientation</p> <p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Lesbian/Gay</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Decline to Answer</p> <p>What sex were you assigned at birth?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Decline to Answer</p>	<p>Gender Identity</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender Male</p> <p><input type="checkbox"/> Transgender Female</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Decline to Answer</p>
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Additional Information Continued:

Do you live in Public Housing? Yes No

Are you a Veteran? Yes No

Homeless Status: Not Homeless Street (*Living outdoors, encampment, car, makeshift housing*)

Shelter (*organized shelter*) Doubling Up (*person living with others, arrangement generally considered temporary and unstable*)

Transitional Housing (*transitioning from a homeless environment*)

Migrant Farm Worker Yes No (*Individual who is required to be absent from a permanent place of residence for the purpose of seeking remunerated employment in agricultural work*)

Seasonal Farm Worker Yes No (*Individual who is employed in temporary farm work but do NOT move from their permanent residence to seek work; they may also have other sources of employment*)

Preferred Pharmacy: _____

Please circle the range below indicating your estimated annual household income according to the number of people living in your home. United Health Centers is required to report this information to the federal government and it helps us better understand the needs of the communities we serve. No identifying information will be disclosed to the federal government. Your anonymity is protected.

Number of people in household	Income Range	Income Range	Income Range	Income Range	Income Range
1	\$0 - \$12,760	\$12,761- \$15,950	\$15,951-\$17,609	\$17,610-\$25,520	More than \$25,520
2	\$0 - \$17,240	\$17,241 - \$21,550	\$21,551-\$23,791	\$23,792-\$34,480	More than \$34,480
3	\$0- \$21,720	\$21,721- \$27,150	\$27,151-\$29,974	\$29,975- \$43,440	More than \$43,440
4	\$0- \$26,200	\$26,201-\$32,750	\$32,751-\$36,156	\$36,157-\$52,400	More than \$52,400
5	\$0- \$30,680	\$30,681-\$38,350	\$38,351-\$42,338	\$42,339-\$61,360	More than \$61,360
6	\$0-\$35,160	\$35,161-\$43,950	\$43,951-\$48,521	\$48,522-\$70,320	More than \$70,321
7	\$0-\$39,640	\$39,641-\$49, 550	\$49,551-\$54,703	\$54,704-\$79,280	More than \$79,281
8	\$0-\$44,120	\$44,121-\$55,150	\$55,151-\$60,886	\$60,887-\$88,240	More than \$88,241