Catherine's HEALTH CENTER

Patient Registration Form

Please complete the following form to the est of your ability to register as a patient of Catherine's Health Center. Your responses will remain confidential along with your medical information. Ask our staff if you have any questions.

Today's Date:	**Last Name:**	**Middle Initial:**	**First Name:**
Date of Birth:	**Age:**	**Social Security Number:**	

First Name Used (if different than above): _____

Pronouns: ☐ he/him ☐ she/her ☐ they/them ☐ _____

Street Address:	**City**	**State:**	**Zip:**
Best Phone Number Cell Home Work (Circle One)	**Email address:**		

Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partner

Legal sex: ☐ Male ☐ Female

Gender Identity: ☐ Male (cisgender) ☐ Female (cisgender) ☐ Genderqueer ☐ Transgender Male ☐ Transgender Female ☐ Choose not to disclose ☐ _____

Sexual Orientation: ☐ Lesbian ☐ Gay ☐ Straight/heterosexual ☐ Bisexual ☐ Pansexual ☐ Asexual ☐ Unsure ☐ Choose not to disclose ☐ _____

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ White ☐ Black or African American ☐ Pacific Islander ☐ Native Hawaiian ☐ More than one race ☐ Decline to answer

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to answer

Primary Language: ☐ English ☐ Spanish ☐ Other _____

Are you:

An agricultural worker? ☐ Yes ☐ No ☐ Decline to answer

A patient of a school-based health center? ☐ Yes ☐ No ☐ Decline to answer

A veteran? ☐ Yes ☐ No ☐ Decline to answer

A public housing resident? ☐ Yes ☐ No ☐ Decline to answer

Do you own a house or are financially responsible for your current living arrangement ☐ Yes ☐ No
(i.e. pay rent, mortgage?)

If yes, do you have a standing legal agreement to reside at this location? ☐ Yes ☐ No

If no, please check any of the following boxes if they apply to your current living arrangement:

☐	Staying with friends or family	☐	Residing in a mobile vehicle
☐	Living in transitional housing (shelter, halfway house, group home, etc)	☐	Part of a housing program (Housing choice Voucher Program "Section 8," Habitat for Humanity, etc.)
☐	Living in a non-permanent accommodation (hotel, motel, hostel, etc.)	☐	Living in poor conditions that would be considered uninhabitable (overcrowded, causing illness, etc.)
☐	Experiencing homelessness	☐	Decline to answer

Employment: ☐ None ☐ Employer Name: _____

Emergency Contact Name:	
Relationship:	**Phone Number:**

How did you hear about us? Please check all that apply:

- ☐ Search Engine (Google, Bing, Yahoo, etc.)
- ☐ Recommended by a friend/family/colleague
- ☐ Social Media
- ☐ News Story
- ☐ Other: _____
- ☐ Hospital
- ☐ Insurance Company
- ☐ Specialist Provider