



Patient Registration Form

Please complete the following form to the best 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 (Circle One) Cell Home Work	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:

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

Insurance Information (if you have insurance)

Insurance:	Subscriber's Name:	Group #:	Policy #:
Insurance Phone Number:		Insurance Fax Number:	

Employment: None Employer Name: _____

Emergency Contact Name:	
Relationship:	Phone Number:

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

- | | | |
|--|---|---|
| Advertising: | Outreach | Other |
| <input type="checkbox"/> Search Engine/Online Search | <input type="checkbox"/> Event (Specify) _____ | <input type="checkbox"/> Primary Care Physician |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Information Table (Specify location) _____ | <input type="checkbox"/> Specialist Physician |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Community Organization Referral (Specify): _____ | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Online | | <input type="checkbox"/> Hospital |
| Television | | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Advertisement (Specify) _____ | | <input type="checkbox"/> Townline Elementary |
| <input type="checkbox"/> News/Morning Show Segment (Specify) _____ | | <input type="checkbox"/> Other |