Catherine's HEALTH CENTER

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.

Legal Last Name, First Name, Middle Name _____ Today's date

First Name Used (if different than above): _____

Assigned sex: ☐ Male ☐ Female **Previous Name (if needed):** _____

Date of birth _____ Social security number

Street Address:	**City**	**State:**	**Zip:**
Best Phone Number (Circle One) Cell Home Work		**Is it okay to text this number?** Y N **Is it okay to send automated calls to this number?** Y N	
Email address:			

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

Name of next of kin (if same as emergency contact, please skip.) _____

Employment: ☐ None ☐ Employer Name: _____

Primary Language: ☐ English ☐ Spanish ☐ Other _____

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

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

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

Gender Identity: ☐ Male (cisgender) ☐ Female (cisgender) ☐ Genderqueer ☐ Non-binary ☐ Transgender Male ☐ Transgender Female ☐ Two-Spirit ☐ Choose not to disclose ☐ _____

Sex assigned at birth: ☐ Male ☐ Female

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

Are you:

Homebound? ☐ Yes ☐ No ☐ Decline to answer

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

Insurance Information (if you have insurance)

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

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

Advertising:

- ☐ Search Engine/Online Search
- ☐ Billboard
- ☐ Bus
- ☐ Online

Television

- ☐ Advertisement (Specify) _____
- ☐ News/Morning Show Segment (Specify) _____

Outreach

- ☐ Event (Specify) _____
- ☐ Information Table (Specify location) _____
- ☐ Community Organization Referral (Specify): _____

Other

- ☐ Primary Care Physician
- ☐ Specialist Physician
- ☐ Word of Mouth
- ☐ Hospital
- ☐ Insurance Company
- ☐ Townline Elementary
- ☐ Other