



# 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): \_\_\_\_\_

Legal sex:  Male  Female Previous Name (if needed): \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Street Address:		City	State:	Zip:
Home Phone Number:	Cell Phone Number:	Is it okay to text this number? Y N Is it okay to send automated Y N calls to this number?		
Email address:				

Emergency Contact Name:	
Relationship:	Phone Number:

Name of next of kin (if same as emergency contact, please write "same") \_\_\_\_\_

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  Unsure  
 Choose not to disclose  Other (please specify): \_\_\_\_\_

**Gender Identity:**  Male (cisgender)  Female (cisgender)  Transgender Male  
 Transgender Female  Choose not to disclose  Other (please specify): \_\_\_\_\_

**Sex assigned at birth:**  Male  Female

**Pronouns:**  he/him  she/her  they/them  Other (please specify): \_\_\_\_\_

**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:**

<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)**

<b>Insurance:</b>	<b>Subscriber’s Name:</b>	<b>Group #:</b>	<b>Policy #:</b>
<b>Insurance Phone Number:</b>		<b>Insurance Fax Number:</b>	

**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
- Crossroads Bible Church
- Other