



**PATIENT INFORMATION**

Patient's First Name		Middle Initial	Last Name		Suffix
SSN	Sex	DOB	Age	Marital Status	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:					
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			
Employment Status	Employer Name	Work Phone		Is patient a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP Code	
Home Phone	<input type="checkbox"/> Primary # <input type="checkbox"/> Alternate #	Mobile Phone	<input type="checkbox"/> Primary # <input type="checkbox"/> Alternate #		
Email			PCP		
How did you hear about the Sixteenth Street Community Health Center? <input type="checkbox"/> Walk In <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Insurance <input type="checkbox"/> Other:					

**INSURANCE COVERAGE**

(Please present insurance card if new)

Primary Insurance Plan Name	<input type="checkbox"/> No insurance
Secondary Insurance Plan Name	

**BILLING INFORMATION**

First name of person/guarantor responsible for bill		Middle Initial	Last Name		Suffix
SSN	Sex	DOB	Is guarantor a patient here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Billing address		City	State	ZIP Code	

**HOUSEHOLD INCOME**

Income period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Income amount per period: \$	# supported in household:
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**EMERGENCY INFORMATION**

Name of local relative or friend (not living at same address)	Relationship to patient	Emergency contact phone
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**PARENT/GUARDIAN**

Parents name if patient is a minor	Parent's phone	Is parent a patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**The above information is true to the best of my knowledge.**

Patient/Guardian signature X	Today's Date
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