

WELCOME

We are here to help!

To better assist you, we ask that you please answer the following questions along with the other questionnaires in this packet.

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Client Social Security Number: _____ **Client Date of Birth :** _____

Birth Sex (Assigned at Birth): Female Male **Current Gender:** Female Male Undifferentiated

Gender Identity: Female Additional gender category or other, please specify Choose not to disclose

Female-to Male (FTM)/Transgender Male/Trans Man Genderqueer, neither exclusively male nor female Male

Male-to female (MTF)/Transgender Female/Trans Woman

Sexual Orientation: Straight or heterosexual Bisexual Choose not to disclose Don't Know Lesbian, gay or homosexual Something else, please describe.

Preferred Pronouns: She, Her, Hers Asked but unknown Decline to Answer He, Him, His Other They, Them, Theirs Ze, Hir

Client Address: _____ **City, State, Zip :** _____

Marital Status: _____ **Preferred Language:** _____

Smoker: Yes No

Insurance: _____ (Scan front/back of each insurance card)

Emergency Contact Name and Phone Number : _____

Emergency Contact Relationship to Client: _____

Guardian (if you are not your own Guardian): _____ **Phone:** _____

Client Home Number: _____

Client Cell Phone: _____

Client Email Address : _____

Preferred Contact: Cell Emergency Contact Home Parent Spouse Work

Notifications: Opt out Email Phone Call SMS (Text)

Uniform Data System (UDS) Reporting:

Homeless Status: Homeless Not Homeless

Migrant Worker Status: Migrant Not a Farm Worker Seasonal Agricultural Worker or Dependent

Language Barrier: No Yes

Race: Black or African American American Indian or Alaska Native Asian Declined to specify Multiracial

Native Hawaiian or Pacific Islander Unknown/Not Reported/Refused White

Ethnicity: Not Hispanic or Latino Declined to specify Hispanic or Latino Other Unknown

Veteran Status: No Yes

Number in Household: _____

Income Range: ___\$0- 12,880 ___\$12,881 – 17,388 ___ \$17,389 - \$21,252 ___\$21,253 -\$25,760 ___\$25,761 & Over

How were you referred to Compass Health Network? Marketing Plan:

Agency Family Friend or Family Online

Physician Print or Sign Radio

TV Other: _____