

# ***WELCOME***

## ***We are here to help!***

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

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Alias:** \_\_\_\_\_ (nickname/prior name) **Date Form Completed:** \_\_\_\_\_

**Client Social Security Number:** \_\_\_\_\_ **Client Date of Birth:** \_\_\_\_\_

**Birth Sex (Assigned at Birth):**  Female  Male

**Current Gender:**  Female  Male  Undifferentiated

**Gender Identity:** (not required for patients under age 18)

- Female
- Male
- Female-to Male (FTM)/Transgender Male/Trans Man
- Male-to female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other, please specify: \_\_\_\_\_
- Choose not to disclose

**Sexual Orientation:** (not required for patients under age 18)

- Straight or heterosexual
- Bisexual
- Lesbian, gay or homosexual
- Something else, please describe. \_\_\_\_\_
- Don't Know (patient does not know their sexual orientation)
- Choose not to disclose

**Preferred Pronouns:**

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

**Client Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

Smoker:  Yes  No

Client Home Number: \_\_\_\_\_ Client Cell Phone: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Preferred Contact Method:  Home  Cell  Email

Notifications for automated appointment reminders: (select only one)

- Email
- SMS (Text)
- Voice Reminders
- Opt out

Medical Insurance: \_\_\_\_\_ (Provide insurance card to front desk staff.)

Dental Insurance: \_\_\_\_\_ (Provide insurance card to front desk staff.)

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Relationship to Client: \_\_\_\_\_

Guardian Name (if you are not your own Guardian): \_\_\_\_\_

Guardian Relationship to Patient: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Guardian Address: \_\_\_\_\_

Homeless Status:

- Non Homeless
- Homeless Shelter
- Doubling Up (living with others, "couch surfing")
- Transitional Housing (small unit where people transition from a shelter)
- Street (living on street, vehicle, outdoors, or encampment)
- Other (reside in hotel/motel)

Migrant Worker Status:

- Migrant
- Not a Farm Worker
- Seasonal Agricultural Worker or Dependent

Language Barrier:  No  Yes

Race: (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian
- Other Pacific Islander
- White
- Unreported/Refused to Report

**Ethnicity:**

- Not Hispanic or Latino/a
- Hispanic or Latino/a
- Declined to specify

**Veteran Status:**  No  Yes

**Head of Household**

- Self

**If not self, Relationship to Patient** \_\_\_\_\_

**Head of Household Name:** \_\_\_\_\_

**Head of Household DOB:** \_\_\_\_\_ **Head of Household Birth Sex:** \_\_\_\_\_

**Head of Household Address:** \_\_\_\_\_ **City, State, Zip :** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_

**Annual Income Range:**

- \$0 - \$13,590
- \$13,591 - \$18,310
- \$18,311 - \$23,030
- \$23,031 - \$27,750
- \$27,751 - \$32,470
- \$32,471 - \$37,190
- \$37,191 - \$41,910
- \$41,911 - \$46,630
- \$46,631 & above

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

- Agency
- Billboard
- Friend or Family
- Internet
- Newspaper
- Other Health Provider
- Radio
- TV
- Other: \_\_\_\_\_