

***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**:  Yes No

**Race:** (check all that apply)

American Indian or Alaska Native

Asian Indian

Black or African American

Chinese

Filipino

Guamanian or Chamorro

Japanese

Korean

Native Hawaiian

Other Asian

Other Pacific Islander

Samoan

Vietnamese

White

Unreported/Refused to Report

**Ethnicity:**

Cuban

Mexican, Mexican American, Chicano/a

Puerto Rican

Another Hispanic, Latino/a, or Spanish origin

Not Hispanic or Latino/a

Declined to specify

**Veteran Status:**  Yes No

**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**:**