

DEMOGRAPHIC INFORMATION FORM TO BE COMPLETED BY PATIENT (18 years & older or UIP)

Date of Visit _____ Reason for Visit _____

Legal Last Name _____ Legal 1st Name _____ MI _____

DOB _____ Sex at Birth _____ Race (e.g. Asian/ Black/ Japanese/ White) _____

Language (e.g. English/Arabic/French/Spanish) _____ Hispanic - Yes No

Marital Status - Single Married Divorced Separated Widow/Widower

Birth Status - Single Twin Triplet Quad Birth Order (if twin, triplet, etc.) 1st 2nd 3rd 4th

Social Security # _____ Communication Preference (mail, email, cell phone, etc.) _____

Email Address _____ May we contact you via email? Yes No

Home Address _____ Apt # _____ City _____ ZIP _____

Mailing Address _____ Apt # _____ City _____ ZIP _____

County _____ Home # _____ Cell # _____ Best time to call (morning, evening, etc.) _____

Emergency Contact Name _____ Relationship _____ Phone # _____

Are you covered by Medicaid/ Medicare? Yes No Medicaid/ Medicare Number _____ / _____

Do you have Health Insurance? Yes No INS. Name/Policy # _____ / _____

Highest Level of Education _____ Migrant Worker - Yes No Seasonal Agricultural Worker - Yes No Veteran - Yes No

Country of Birth _____ Was client born in U.S or born abroad to a parent who was a U.S citizen? - Yes No

Date Arrived in US _____ Immigration Status (Immigrant, Student Visa, Refugee, etc.): _____ Alien Number: _____

Did you live outside the US for more than 2 months? Yes No Country lived in for more than 2 months _____

Employer _____ Work # _____ Gross Income Mo _____

Please list all family members living in your home and note monthly income if applicable

(Income includes all earnings from jobs, pensions, child support, social security, death benefit, alimony, unemployment/worker's compensation, veteran benefits, investments, trust funds, rental income, self-employment, Public Assistance, grants or any other income received.)

Name	Date of Birth	SS#	Relationship	Monthly Income

Do you live in? (check all that apply)

STABLE PERMANENT HOUSING - OWN RENT / SUBSIDIZED UNSUBSIDIZED / OTHER

TEMPORARY HOUSING/UNSTABLE - HOMELESS HOUSING SUBSIDY (I.E. Ryan White) FAMILY/FRIEND PRISON JAIL OTHER

Do you have ...? (check all that apply)

REFRIGERATOR FAN WATER INSIDE FOR BATHING STOVE INDOOR TOILET HOT PLATE WATER INSIDE FOR DRINKING

of rooms (bedroom/bathrooms/kitchen, etc.)? _____ Method to heat/cool? (Central/Window Units/Portable Heater/None) _____ / _____

I affirm the information I am providing is true and correct to the best of my knowledge. I understand if I provide false or inaccurate information services may be discontinued and I may have to pay for all services received per the appropriate fee schedule. FACS64f10.003 (5).

Signature _____ Date _____