



## **PATIENT REGISTRATION**

PATIENT INFORMATION		
PATIENT NAME:	TODAY'S DATE:	
IF CHILD - PARENT NAME:	IF CHILD - PARENT NAME:	
PATIENT DATE OF BIRTH (Month/Day/Year):	PATIENT RELATIONSHIP STATUS: ☐ SINGLE ☐ MARRIED ☐ DOMESTIC PARTNER	
HOME ADDRESS:		
CITY, STATE, ZIP:	PRIMARY CONTACT NUMBER:( )  Home Cell  SECONDARY CONTACT NUMBER:( )  Home Cell	
EMAIL ADDRESS:		
ADDITIONAL INFORMATION		
PRIMARY LANGUAGE:	☐ CHECK THIS BOX IF PATIENT HAS NO INSURANCE	
RACE: SELECT AS MANY AS APPLY  AMERICAN INDIAN OR ALASKA NATIVE  ASIAN INDIAN  CHINESE  KOREAN  JAPANESE  VIETNAMESE  OTHER ASIAN  FILIPINO  GUAMANIAN OR CHAMORRO  NATIVE HAWAIIAN  OTHER PACIFIC ISLANDER  SAMOAN  MORE THAN ONE RACE  BLACK OR AFRICAN AMERICAN  WHITE  DECLINE TO SPECIFY	ETHNICITY:  CUBAN  PUERTO RICAN  MEXICAN, MEXICAN AMERICAN, CHICANO/A  ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN  NOT HISPANIC, LATINO/A, OR SPANISH ORIGIN  DECLINE TO SPECIFY  WHICH GENDER WERE YOU ASSIGNED AT BIRTH?  MALE  FEMALE	
DO YOU IDENTIFY AS:  STRAIGHT NOT LESBIAN OR GAY  LESBIAN OR GAY  BISEXUAL SOMETHING ELSE: DON'T KNOW CHOOSE NOT TO DISCLOSE	WHAT IS YOUR CURRENT GENDER IDENTITY?    FEMALE   MALE   TRANSGENDER FEMALE MTF   TRANSGENDER MALE FTM   OTHER:   CHOOSE NOT TO DISCLOSE	

V23 2023-05-15 1 of 2



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HE, HIM, HIS	Preferred Pronoun:	
THEY, THEM, THEIRS	☐ HE, HIM, HIS ☐ ○	THER:
ZE, HIR   ARE YOU HOMELESS?   HAS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER EVER BEEN FARM WORK (SEASONAL / MIGRANTI)?   YES: WHERE DO YOU STAY?   YES   NO (IF NO - YOU HAVE COMPLETED THIS SECTION)   HAVE YOU OR A FAMILY MEMBER EVER MOVED TO FOLLOW FARM WORK? (MIGRANT)   YES   NO   NO (IF NO - YOU HAVE COMPLETED THIS SECTION)   HAVE YOU OR A FAMILY MEMBER EVER MOVED TO FOLLOW FARM WORK? (MIGRANT)   YES   NO   FOR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK (SIT BECAUSE THEY ARE DISABLED OR TOO OLD TO WORK? (MIGRANT)   YES   NO   YES   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)   YES   NO   YES   NO   YES   NO   SEASONAL BASIS? (SEASONAL)   NAME:   BEST CONTACT NUMBER:	☐ SHE, HER, HERS ☐ AS	sked but unknown
ARE YOU HOMELESS?  ARE YOU HOMELESS?  YES NO  IF YES: WHERE DO YOU STAY?  SHEITER  TRANSITIONAL HOUSING  STREET  UNKNOWN/UNREPORTED  DO YOU LIVE IN PUBLIC HOUSING?  YES NO  LANGUAGE BARRIER WITH ENGLISH?  PAREY YOU A VETERAN?  EMERGENCY CONTACT INFORMATION  NAME:  HAS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER EVER MOVED TO FOLIOW FARM WORK (SEASONAL / MIGRANT)?  MEMBER EVER BEEN FARM WORK (SEASONAL / MIGRANT)?  MEMBER EVER BEEN FARM WORK (SEASONAL / MIGRANT)?  YES NO (IF NO - YOU HAVE COMPLETED THIS SECTION)  HAVE YOU OR A FAMILY MEMBER EVER MOVED TO FOLIOW FARM WORK? (MIGRANT)  FOR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK IS IT BECAUSE THEY ARE DISABLED OR TOO OLD TO WORK?  (MIGRANT)  STHE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)  EMERGENCY CONTACT INFORMATION  BEST CONTACT NUMBER:	☐ THEY, THEM, THEIRS ☐ DE	ECLINE TO ANSWER
MEMBER EVER BEEN FARM WORK (SEASONAL / MIGRANTI)?    FYES: WHERE DO YOU STAY?	☐ ZE, HIR	
YES   NO (IF NO - YOU HAVE COMPLETED THIS SECTION)     SHELTER   HAVE YOU OR A FAMILY MEMBER EVER MOVED TO FOLLOW FARM WORK? (MIGRANT)     STREET   YES   NO     OUBLING UP   FOR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK? (MIGRANT)     OYOU LIVE IN PUBLIC HOUSING?   YES   NO     YES   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)     YES   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)     YES   NO   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)     YES   NO   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)     YES   NO   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK (MIGRANT)     YES   NO   NO   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)     YES   NO   NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)     YES   NO   NO   SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASIS? (SEASONAL)     OR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK ON A SEASONAL BASI		
SHELTER   HAVE YOU OR A FAMILY MEMBER EVER MOVED TO FOLLOW FARM WORK? (MIGRANT)   YES   NO   NO   NO   NO   YES   NO   NO   YES   NO   NO   NO   YES   NO   NO   YES   NO   NO   NO   YES   NO   NO   YES   NO   NO   NO   YES   NO   NO   NO   NO   YES   NO   NO   NO   NO   NO   NO   YES   NO   NO   NO   NO   NO   NO   NO   N	— — —	, , , , , , , , , , , , , , , , , , , ,
TRANSITIONAL HOUSING  □ STREET  □ UNKNOWN/UNREPORTED □ DOUBLING UP  DO YOU LIVE IN PUBLIC HOUSING? □ YES □ NO  ARE YOU A VETERAN? □ YES □ NO  LANGUAGE BARRIER WITH ENGLISH? □ YES □ NO  EMERGENCY CONTACT INFORMATION  NAME:  BEST CONTACT NUMBER:		
UNKNOWN/UNREPORTED DOUBLING UP DO YOU LIVE IN PUBLIC HOUSING?  YES NO  ARE YOU A VETERAN?  LANGUAGE BARRIER WITH ENGLISH? YES NO  EMERGENCY CONTACT INFORMATION  NAME:  FOR ANY FAMILY MEMBER THAT NO LONGER DOES FARM WORK IS IT BECAUSE THEY ARE DISABLED OR TOO OLD TO WORK? (MIGRANT) YES NO  IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL) YES NO  EMERGENCY CONTACT INFORMATION  BEST CONTACT NUMBER:		
DOUBLING UP DO YOU LIVE IN PUBLIC HOUSING?  YES NO  ARE YOU A VETERAN?  LANGUAGE BARRIER WITH ENGLISH? YES NO  EMERGENCY CONTACT INFORMATION  NAME:  NAME:  NS IT BECAUSE THEY ARE DISABLED OR TOO OLD TO WORK?  (MIGRANT)  YES NO  IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)  YES NO  EMERGENCY CONTACT INFORMATION  BEST CONTACT NUMBER:	☐ STREET	☐ YES ☐ NO
Migrant     DO YOU LIVE IN PUBLIC HOUSING?     YES		
DO YOU LIVE IN PUBLIC HOUSING?  YES NO  IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)  YES NO  LANGUAGE BARRIER WITH ENGLISH?  YES NO  EMERGENCY CONTACT INFORMATION  BEST CONTACT NUMBER:	DOUBLING UP	
□ YES □ NO   IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)   □ YES □ NO    IS THE PRIMARY SOURCE OF WORK FOR YOU OR A FAMILY MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)   □ YES □ NO    FMERGENCY CONTACT INFORMATION  BEST CONTACT NUMBER:	DO YOU LIVE IN PUBLIC HOUSING?	, ,
ARE YOU A VETERAN?  LANGUAGE BARRIER WITH ENGLISH?  YES NO  MEMBER FARM WORK ON A SEASONAL BASIS? (SEASONAL)  YES NO  EMERGENCY CONTACT INFORMATION  NAME:  BEST CONTACT NUMBER:	☐ YES ☐ NO	
ARE YOU A VETERAN?		1
☐ YES ☐ NO  EMERGENCY CONTACT INFORMATION  NAME: BEST CONTACT NUMBER:	ARE YOU A VETERAN?	
NAME: BEST CONTACT NUMBER:		
NAME: BEST CONTACT NUMBER:		
RELATIONSHIP: WORK PHONE:	NAME:	BEST CONTACT NUMBER:
	relationship:	WORK PHONE:
PATIENT/GUARDIAN SIGNATURE DATE	PATIENT/GUARDIAN SIGNATURE	DATE

V23 2023-05-15 2 of 2