ADELANTE HEALTHCARE

NEW PATIENT REGISTRATION

AA53.PT.FRM

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

HAVE YOU BEEN SEEN AT ANY ADELANTE LOCATION? ☐ YES ☐ NO

IF YES, PLEASE SELECT LOCATION:

☐ BUCKEYE ☐ MESA ☐ SURPRISE
☐ CENTRAL PHOENIX ☐ MEDICAL MOBILE UNIT ☐ WEST PHOENIX
☐ GILA BEND ☐ PEORIA ☐ WICKENBURG
☐ GOODYEAR ☐ ROOSEVELT ☐ SOMEWHERE ELSE: _____

HOW DID YOU HEAR ABOUT US?

☐ ADVERTISEMENT _____ ☐ FAMILY OR FRIEND ☐ WIC
☐ EMPLOYEE ☐ HOSPITAL ☐ OTHER _____
☐ EVENT_____ ☐ INSURANCE PLAN _____

WOULD YOU LIKE TO USE ADELANTE'S IN-HOUSE PHARMACY AS YOUR PRIMARY PHARMACY? ☐ YES ☐ NO

IF NO, PLEASE LIST YOUR PRIMARY PHARMACY:

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

SECONDARY PHARMACY**:** _____

PREFERRED 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

ETHNICITY:

- ☐ CUBAN
- ☐ PUERTO RICAN
- ☐ MEXICAN, MEXICAN AMERICAN, CHICANO/A
- ☐ ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN
- ☐ NOT HISPANIC, LATINO/A, OR SPANISH ORIGIN

WHICH GENDER WERE YOU ASSIGNED AT BIRTH?

- ☐ MALE
- ☐ FEMALE

DO YOU IDENTIFY AS:

- ☐ STRAIGHT NOT LESBIAN OR GAY
- ☐ LESBIAN OR GAY
- ☐ BISEXUAL
- ☐ SOMETHING ELSE: _____

WHAT IS YOUR CURRENT GENDER IDENTITY?

- ☐ FEMALE
- ☐ MALE
- ☐ TRANSGENDER FEMALE MTF
- ☐ TRANSGENDER MALE FTM
- ☐ OTHER: _____

PREFERRED PRONOUN:

- ☐ HE, HIM, HIS
- ☐ SHE, HER, HERS
- ☐ THEY, THEM, THEIRS
- ☐ ZE, HIR
- ☐ OTHER: _____

ARE YOU HOMELESS?

☐ YES ☐ NO

IF YES: WHERE DO YOU STAY?

- ☐ SHELTER
- ☐ 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

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD WORK IN AGRICULTURE NOW OR IN THE PAST 24 MONTHS?

☐ YES ☐ NO

HAVE YOU OR SOMEONE IN YOUR HOUSEHOLD STOPPED WORKING IN AGRICULTURE DUE TO AGE OR A DISABILITY?

☐ YES ☐ NO **(IF NO – YOU HAVE COMPLETED THIS SECTION)**

IF YES TO ANY OF THE ABOVE QUESTIONS, HAVE YOU OR ANYONE IN YOUR HOUSEHOLD ESTABLISED A TEMPORARY HOUSING IN ORDER TO WORK IN AGRICULTURE?

- ☐ YES, ESTABLISHED A TEMPORARY HOME (MIGRANT)
- ☐ NO, DID NOT ESTABLISH A TEMPORARY HOME (SEASONAL)

AGRICULTURE INCLUDES WORKING IN THE FOLLOWING: GRAINS, FRUITS, VEGETABLES, TREE NUTS, NURSERY'S OR GREENHOUSE, COTTON, ANIMAL PRODUCTION, EGGS, AQUACULTURE, FUR-BEARING ANIMALS

EMERGENCY CONTACT INFORMATION

NAME:

RELATIONSHIP:

BEST CONTACT NUMBER:

_____ PATIENT/GUARDIAN SIGNATURE

_____ DATE