

PATIENT REGISTRATION FORM

☐ PATIENT INFORMATION			□ ι	EGAL GUARDIAN INFORMATION		
LAST NAME		FIRST NAME		MIDDLE NAME		
SOCIAL SECURITY NUMBER		BIRTHDATE		SEX AT BIRTH		
SOCIAL SECURITY NUIVIBER		BIRTHDATE		_		
				│ □ MALE □ FEMALE		
SEXUAL ORIENTATION:				GENDER INDENTITY:		
☐ BISEXUAL ☐ LESBIAN OR GAY		☐ SOMETHING ELSE		☐ MALE ☐ FEMALE ☐ OTHER ☐ TRANSGENDER MALE / FEMALE-TO-MALE		
☐ STRAIGHT ☐ DON'T K	NOW	☐ CHOOSE NOT TO DISCLOSE		☐ TRANSGENDER FEMALE / MALE-TO-FEMALE		
MAILING ADDRESS		APT NUMBER		CHOOSE NOT TO DISCLOSE COUNTY		
CITY STATE			ZIPCODE	LANGUAGE		
CITI	SIAIL		ZII CODE	LANGOAGE		
YOU MAY RECEIVE APPOINTMENT REMINDERS VIA TEXT:						
CELL PHONE		ALTERNATIVE PHO	NE	EMAIL ADDRESS		
VETERAN:		HOMELESS:		MIGRANT WORKER:		
☐ YES ☐ NO		☐ YES		│ □ YES │ □ NO		
MARITAL STATUS:		□ NO		ETHNICITY:		
☐ MARRIED	□ DIVOR	CED		☐ HISPANIC OR LATINO		
SINGLE	□ WIDO\			☐ NOT HISPANIC OR LATINO		
RACE:				☐ UNREPORTED / REFUSED TO REPORT		
				NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
☐ BLACK OR AFRICAN AMERICA	AN	☐ MORE THAN ONE RACE ☐ U		UNREPORTED / REFUSED TO REPORT		
HOW DID YOU HEAR ABOUT PCC?						
FRIEND FAMILY MEMBE		R	☐ INSURANCE	☐ OTHER:		
	PROVIDER					
SPOUSE OR PARTNER						
LAST NAME		FIRST NAME		BIRTHDATE		
FAMILY SIZE AND INCOME A	S NOTED ON	POOF OF INCOME	DOCUMENT(S)			
FAIVILY SIZE AND INCOIVE A	AS NOTED ON P	ROOF OF INCOME	DOCUMENT(S)	REFUSAL TO PROVIDE PROOF OF INCOME		
FAMILY SIZE:						
YEARLY INCOME:				PATIENT INITALS:		
FINANCIAL COUNSELOR SIGNATURE:				DATE:		
EMERGENCY CONTACT INFORMATION EMERGENCY CONTACT NAME				RELATIONSHIP		
EMERGENCY CONTACT PHONE NUMBER						
SIGNATURE						
PATIENT OR AUTHORIZED SIGNATURE				DATE		
[



PATIENT REGISTRATION FORM

INCLUDE ALL CHILDREN		
LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	BIRTHDATE	SEX:
SOCIAL SECONT I NOWIBER	BIRTHEATE	☐ MALE ☐ FEMALE
		WALL PLIVIALE
RACE:		ETHNICITY:
☐ AMERICAN INDIAN OR ALASKA NATIVE	☐ ASIAN	☐ HISPANIC OR LATINO
☐ BLACK OR AFRICAN AMERICAN	☐ MORE THAN ONE RACE	☐ NOT HISPANIC OR LATINO
UNREPORTED / REFUSED TO REPORT	□ WHITE	☐ UNREPORTED / REFUSED TO REPORT
□ NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND		
LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	BIRTHDATE	SEX:
		☐ MALE ☐ FEMALE
RACE:		ETHNICITY:
☐ AMERICAN INDIAN OR ALASKA NATIVE	☐ ASIAN	☐ HISPANIC OR LATINO
☐ BLACK OR AFRICAN AMERICAN	☐ MORE THAN ONE RACE	☐ NOT HISPANIC OR LATINO
☐ UNREPORTED / REFUSED TO REPORT	□ WHITE	☐ UNREPORTED / REFUSED TO REPORT
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND	ER	STATES A RELIGION TO HELICITI
LAST NAME	FIRST NAME	MIDDLE NAME
COCIAL CECURITY ALLIA ARER	BIRTHEATE	CEV.
SOCIAL SECURITY NUMBER	BIRTHDATE	SEX:
		☐ MALE ☐ FEMALE
RACE:		ETHNICITY:
☐ AMERICAN INDIAN OR ALASKA NATIVE	☐ ASIAN	☐ HISPANIC OR LATINO
☐ BLACK OR AFRICAN AMERICAN	\square More than one race	☐ NOT HISPANIC OR LATINO
☐ UNREPORTED / REFUSED TO REPORT	☐ WHITE	☐ UNREPORTED / REFUSED TO REPORT
□ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	BIRTHDATE	SEX:
		☐ MALE ☐ FEMALE
RACE:		ETHNICITY:
☐ AMERICAN INDIAN OR ALASKA NATIVE	☐ ASIAN	l
☐ BLACK OR AFRICAN AMERICAN	☐ MORE THAN ONE RACE	☐ HISPANIC OR LATINO
☐ UNREPORTED / REFUSED TO REPORT	☐ WHITE	☐ NOT HISPANIC OR LATINO ☐ UNREPORTED / REFUSED TO REPORT
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND		UNKEPORTED / REPOSED TO REPORT
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	TINSTINAIVIE	IVIIDDEE NAIVIE
	212712.25	CEV
SOCIAL SECURITY NUMBER	BIRTHDATE	SEX:
		☐ MALE ☐ FEMALE
RACE:		ETHNICITY:
☐ AMERICAN INDIAN OR ALASKA NATIVE	☐ ASIAN	☐ HISPANIC OR LATINO
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☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND	ER	,