



## Registration Information

### Basic Demographics

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female

Alias (maiden name, name change, etc.) \_\_\_\_\_

#### Marital Status:

Divorced  Married  Separated  Single  Widowed

#### Primary Language:

English  Spanish  Creole  Russian  Sign Language  Other: \_\_\_\_\_

#### Ethnicity:

Cuban  Mexican  Other Hispanic  Puerto Rican  Haitian  N/A  Mexican American  Spanish/Latino

#### Race:

Alaskan Native  American Indian  Asian  Black  Multi-Racial  Native Hawaiian or Other Pacific Islander  
 Other  White

#### Accommodations Requested:

Interpreter: Language/Dialect \_\_\_\_\_  
 Reading Assistance  Sign Language  Large Print Materials  TTY or Voice Relay  CART  Pocket Talker  
 Assistance Filling Out Forms

#### Please indicate any disabilities/medical conditions:

Developmental Disability  Physical Disability  Non-ambulatory  Visually Impaired  Hearing Impaired

### Patient Information

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



## Registration Information

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Spouse or Parent Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives with:  Mom  Dad  Both  Other: \_\_\_\_\_

Are parents divorced/separated?  Yes  No  N/A **If yes, parenting plan/divorce agreement must be attached.**

### Additional Information

#### Employment Status

- Active Military  Disabled  Employed Full Time  Employed Part Time  Full Time Student  Homemaker  
 Leave of Absence  Part Time Student  Retired  Unemployed  Unknown

#### Educational Status

- Alt Education (HS Degree)  Continuing Education  Currently – Regular Education  
 Currently – Special Education  Not Currently Enrolled  Vocational Training

#### Highest Education

- No School  Nursery/Pre School/ Head Start  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  
 Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  
 HS Diploma/GED  Vocational School  Special School  College Freshman  College Sophomore  
 College Junior  College Senior  Associate Degree  Bachelor Degree  Master Degree  
 Professional Degree  Doctorate Degree

#### Residential Status

- Independent Living – Alone  Independent Living – with Relatives  Independent Living – with Non-relatives  
 Dependent Living – with Relatives  Dependent Living – with Non-Relatives  Assisted Living Facility  
 Foster Care/Home  Adult Residential (Group Home)  Homeless  State Mental Health Treatment Facility  
 Nursing Home  Supported Housing  Correctional Facility  DJJ Facility  Crisis Residence  
 Children’s Residential Treatment Facility  Limited Mental Health Licensed ALF  Other Residential Status  
 Not Available/Unknown



### Registration Information

Legal Status

- Minor with Guardian    Adult with Guardian Person & Property    Adult with Guardian Property  
 Adult with Guardian Person    Adult with Guardian Advocate    Adult

Have you ever or are you currently serving in the military?    Yes    No

### Primary Care Provider

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing the Form

\_\_\_\_\_  
Date