

Today's Date: \_\_\_\_\_

Dear Patient,

The information you provide helps us offer a wide range of services tailored to meet your needs. Your participation is greatly appreciated and ensures we can continue to improve our care and support for all our patients.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_ Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ Commercial \_\_\_\_\_ None

Family Size: \_\_\_\_\_ Family Size or Household Size is described as persons living under one roof in an interdependent relationship

Family Gross Income: \$ \_\_\_\_\_  Weekly  Monthly  Annually

**Race:**

<input type="checkbox"/> More than one race	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander (not Hawaiian)
<input type="checkbox"/> Asian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Unreported/Not Reported
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White

**Ethnicity:**

<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican American
<input type="checkbox"/> Arab/Chaldean	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Chicano	<input type="checkbox"/> Mexican	<input type="checkbox"/> Spanish
		<input type="checkbox"/> Unknown

**Please check all that apply:**

<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Seasonal/Migrant Worker
<input type="checkbox"/> Dependent of Seasonal/Migrant Worker	<input type="checkbox"/> Primary Language other than English
<input type="checkbox"/> Require Translation Services _____ Native Language	<input type="checkbox"/> Homeless

**Gender Identity: (This is optional)** \_\_\_\_\_

**Sexual Orientation: (This is optional)** \_\_\_\_\_

This institution is an equal opportunity employer and provider.