PLACE LABEL HERE

FAMILY HEALTH CENTERS OF SAN DIEGO

INTERPRETER NEEDED? YES ☐ NO ☐ N/A ☐

PATIENT REGISTRATION FORM (PLEASE PRINT)

Patient First Name: **Last Name:** **Middle:**

For Patients Under 18: Name of Parent/Legal Guardian

Home Address: **City:** **State:** **ZIP Code:**

Mailing Address: ☐ *Same as Home*

Sex at Birth: ☐ M ☐ F
Gender Identity: ☐ M ☐ F ☐ Gender Queer/Non-Binary
Legal Gender: ☐ M ☐ F ☐ X
Sexual Orientation:
☐ Straight or Heterosexual ☐ Lesbian
☐ Gay or Homosexual ☐ Bisexual ☐ Asexual
☐ Don't know ☐ Something else

Date of Birth: _____ / _____ / _____

Home Phone: **Cell:** **ID/DL#:**

Preferred Contact: (check one)
☐ Home ☐ Cell ☐ Email ☐ Text ☐ None

Email:

Social Security Number:
- -

Emergency Contact Name: ☐ *Decline* **Relationship:** **Emergency Phone:**

ETHNICITY:
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

RACE:
☐ Alaskan Native ☐ Hawaiian Native ☐ White
☐ American Indian ☐ Middle Eastern ☐ Declined
☐ Asian ☐ Multi-Race ☐ Unknown
☐ Black/African-American ☐ Pacific Islander

PRIMARY LANGUAGE:
☐ English ☐ Spanish
☐ Sign Language
☐ Other _____

EDUCATION: (maximum level)
☐ Grade _____ ☐ Grade 12 ☐ College
☐ Some College ☐ Post Graduate

MARITAL STATUS: (for patients over 16)
☐ Married ☐ Domestic Partner ☐ Single
☐ Divorced ☐ Separated ☐ Head of Household
☐ Widowed ☐ Unknown

VETERAN STATUS: (MILITARY)

Are you a veteran of the U.S. Armed Forces? DD214? ☐ Yes ☐ No
Are you eligible to receive medical care from the VA? ☐ Yes ☐ No
Were you ever denied medical care by the VA? ☐ Yes ☐ No
Year Discharged _____
Status _____

If denied medical care, why? _____

If you tried to use the VA and were dissatisfied, what was the reason? _____

HOUSING STATUS:
☐ Own or Rent ☐ No Permanent Housing (homeless)

If you checked "No Permanent Housing," where are you currently staying?
☐ Shelter ☐ Staying with Family/Friends
☐ Streets ☐ Transitional ☐ Canyon
☐ Other _____
Homeless for how long? _____

EMPLOYMENT:
☐ Employed ☐ Retired
☐ Part/Full-Time Student ☐ Unknown
☐ Unemployed

FARM WORKER:
☐ Migrant ☐ Seasonal
☐ Neither

I LEARN BEST BY:
☐ Seeing
☐ Touching
☐ Hearing

OCCUPATION:
☐ Current _____
☐ Previous _____

NUMBER IN HOUSEHOLD: _____

MONTHLY INCOME: _____

SIGNATURE: _____ **DATE:** _____