**\*PATIENT NAME**: \***DOB**:

# \*ADDRESS:

**\*CITY/STATE**: **ZIP CODE**: \***PREFERRED CONTACT # ** HOME

##  CELL

**\*PHONE NUMBER**: (H) (C)

# \*EMAIL ADDRESS:

**APPOINTMENT REMINDERS**:  TEXT  PHONE CALL  EMAIL

# MARITAL STATUS: \*PRIMARY CARE PROVIDER:

**\*INSURANCE SUBSCRIBER**:  PATIENT IS THE SUBSCRIBER (if other than patient, complete the following) Subscriber Name: DOB:

Address: TEL#:

**EMERGENCY CONTACT**: TEL#

ADDRESS(if different from patient):

## RELATIONSHIP TO PATIENT:

**\*Are you receiving ANY TYPE of Home Care Services? ** YES  NO (if yes, complete the following) Home Care Provider: Tel#

Address:

**EMPLOYER**: (to be completed for workers compensation claims only)

Employer Name: Tel#

Address:

PLEASE COMPLETE OTHER SIDE 

# WHAT IS YOUR PREFERRED PRIMARY LANGUAGE?

|  |  |  |
| --- | --- | --- |
| American Sign Language | French | Other  |
| Arabic | Greek | Polish |
| Burmese | Gujarati/Haitian | Portuguese |
| Cambodian/Khmer | Hindi | Russian |
| Cantonese | Italian | Spanish |
| Creole | Korean | Swahili |
| English | Mandarin | Vietnamese |

**WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNICITY? (You may choose more than one)** *Ethnicity refers to your background, heritage, culture, ancestry, or sometimes the country you were born.*

|  |  |  |
| --- | --- | --- |
| African American | Columbian | Korean |
| African | Cuban | Laotian |
| American | Declined | Mexican |
| Asian | Dominican | Middle Eastern/N. African |
| Asian Indian | Eastern European | Other  |
| Brazilian | European | Portuguese |
| Cambodian | Filipino | Puerto Rican |
| Cape Verdean | Guatemalan | Russian |
| Caribbean Island | Haitian | Salvadoran |
| Central American | Honduran | South American |
| Chinese | Japanese | Unknown |
|  |  | Vietnamese |

**WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACE? (You may choose more than one)** *Race is the racial group or groups that you identify with as having similar physical characteristics or similar social and geographic origins.*

|  |  |  |
| --- | --- | --- |
| Asian | Declined/Unknown | Multi-Racial |
| Black | Native Hawaiian/Pacific Island | American Indian/Alaskan Native |
| Caucasian | Hispanic | Other  |