

**Date:** \_\_\_\_\_ **Appointment Time:** \_\_\_\_\_ **AM/PM** **Arrival Time:** \_\_\_\_\_ **AM/PM**  
 (Fecha) (Hora de la Cita) (Hora)

**\*Reason for Visit:** \_\_\_\_\_

**Rason De Visita:** \* Please be as specific as possible (Details). Thank you.

<b>Last Name:</b> _____ Apellido	<b>First Name:</b> _____ Nombre	<b>Middle Initial:</b> _____ Inicial.
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**Date of Birth: Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_ **Last four SSN:** \_\_\_\_\_  
 Fecha de Nacimiento: Mes Dia Ano Últimos cuatro SSN

Grant funding for programs, like Family Planning, requires clients to report race and ethnicity of Clients receiving services. Hispanic can only refer to ethnicity, race must also be picked in addition to ethnicity.

Gender/Sex assigned at birth:	Race – Mark 1 or more	Ethnicity – Mark 1
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Male	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Hispanic or Latino
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
	<input type="checkbox"/> White	

<b>Address:</b> Direccion	<b>Apartment Number:</b> Numero de Apartamento
<b>City:</b> Cuidad	<b>State:</b> Estado
<b>Zip Code</b> Codigo Postal	<b>Preferred Phone:</b> Telefono
<b>E-mail Address:</b>	<b>Best Time To Call:</b>

**Financial Eligibility for Services**

Many programs require documentation of income and insurance information to fund services. Several require eligibility screening including income verification for 'sliding scale fees'.

<b>Are you covered by insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, Please list below:</b>
Medicaid:		Account Number:
Medicare:		Account Number:
Company Name:		Account Number:
<b>Does this Insurance cover Shots/Vaccines:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Sliding Scale Fee Determination**

<b>Place of Employment:</b>	<b>Salary:</b> \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<b>Other Income:</b>	<b>Type:</b>



**For Office Staff Use Only.**

Staff to ensure all demographic information is update and confirmed in HMS.