

Today's Date: _____

Referred by:

- Gay City Center for Multicultural Health
- Lifelong AIDS Alliance

Legal First Name:

Middle:

Last:

| | | |
|--|--|--|
| | | |
|--|--|--|

Preferred/Other Names/Aliases:

| |
|--|
| |
|--|

Client Social Security Number (optional):

| |
|--|
| |
|--|

Date of Birth (mm/dd/yy):

| |
|--|
| |
|--|

Sex: Female Male Other _____

Address:

| |
|--|
| |
|--|

City:

State

Zip Code:

| | | |
|--|--|--|
| | | |
|--|--|--|

Home Phone:

May we call you at this number? Yes No

| |
|--|
| |
|--|

Mobile/Cell Phone:

May we call you at this number? Yes No

| |
|--|
| |
|--|

Email Address (Optional) _____

Language: Do you need an interpreter? Yes No If Yes, primary language? _____

Housing Status

Have you been in safe and stable housing for the past year? Yes No

If "No": Transitional housing Living with others Shelter Street/Camp/Bridge

Other, describe: _____

Do you live in a public housing complex?: Yes No Not sure or Decline to answer

Migrant or Seasonal worker? No Migrant Worker Seasonal Worker

Veteran Status: Have you ever served in the US Military? Yes No

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Decline to answer

Race Please check all that apply: Asian Alaskan Native American Indian Black or African American Pacific Islander Hawaiian Native White Decline to answer

Income: This information is used to calculate discounted fees (Not applicable for Travel Services). Indicate income from **ALL FAMILY/HOUSEHOLD MEMBERS** before taxes Salary/Wages, DSHS/Welfare Checks, Social Security/SSI, Unemployment, Child Support, etc. \$ _____ month. How many people are supported on this income? _____

Insurance Information

Do you have any type of medical or dental insurance coverage? No

Yes (please show your medical insurance card) **check all that apply:** Medicaid Take Charge

Healthy Options Medicare Commercial Insurance Other _____

Emergency Contact

Emergency Contact Name: _____

Relationship: _____ Legal Guardian: Yes No

Phone# _____ Alternate Phone# _____

Do Not Complete the information below if you are an adolescent (13 -17 years) requesting confidential services.

Parent/Guardian Information – (Required for clients under 18 years of age)

| | | | | | |
|------------------------------------|---|-----------------|--|---|-----|
| Last Name | | First Name | | Relationship to client | |
| Phone | May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | Alternate phone | | May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (if different from client) | | City | | State | Zip |

Other Parent/Guardian Information – (If Applicable)

| | | | | | |
|------------------------------------|---|-----------------|--|---|-----|
| Last Name | | First Name | | Relationship to client | |
| Phone | May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | Alternate phone | | May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address (if different from client) | | City | | State | Zip |

Student ID #:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Citizenship Information

ALIEN ID:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Country of Origin: _____ Date of Entry (mm/dd/yy): ____/____/____

TODAY'S DATE: _____

MRN #: _____

ANONYMOUS REGISTRATION

Your Middle Initial _____
 First two letters of your Mother's Maiden Name _____
 First two letters of your **City of Birth** _____
 First two letters of your **Father's First Name** _____
 Your First Name _____

(Please make sure the above information is accurate.)
You will need this Code Name to get your results.)

Your Birthdate ____ / ____ / ____
 Zip Code _____

Interpreter Needed? (check one) Yes No

If you need an Interpreter, what language?

Sex (check one)
 (1) male (2) female (3) Transgender

Are you of Hispanic/Latino heritage? (check one)
 Hispanic Non -Hispanic Decline to answer

Race (check all that apply)

White (W)
 Black or African American (B)
 Native American or Alaska Native (N)
 Pacific Islander or Hawaiian Native (P)
 Asian (A)
 Decline to answer (D)

Migrant or Seasonal worker?
 check one) Migrant Seasonal Neither

Veteran Status: Yes No Declined

Income \$ _____ per month **OR**
 \$ _____ per year

Including yourself,
how many people are
supported by this income? _____

Housing Status

Have you been in safe and stable housing for the past year? Yes No
 If "No": Transitional housing Living with others Shelter Street/Camp/Bridge
 Other, describe: _____
 Do you live in a public housing complex?: Yes No Not sure or Decline to answer

PERSONAL CODE _____

NOT TO BE FILED INTO CLIENT'S HEALTH RECORD