



Patient Demographic Form

(Please complete about the patient that is being seen)

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security #: _____

Parent/Legal Guardian Name: _____

Address: _____ Apt/Floor: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Marital Status: Single Married Partner Divorced Widowed Other: _____

Cell Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Primary Care Provider (if other than Charter Oak): _____ Phone _____

Preferred Language: English Spanish Portuguese Other: _____

Sex Assigned at Birth or Reported on Birth Certificate:

- Male
- Female

Veteran Status:

- I am NOT a veteran
- I AM a veteran

Ethnicity:

- Hispanic/Latino (check all that apply):
 - Cuban
 - Puerto Rican
 - Mexican, Mexican American, or Chicano
 - Other: _____
- Not Hispanic/Latino
- Prefer not to Disclose
- Other: _____

Are you a **Migrant or Seasonal Worker**? Yes No

- If Yes,
- Migrant/temporary worker
 - Seasonal Worker

Race:

- African American/Black
- American Indian/Alaska Native
- Asian: (check all that apply)
 - Asian Indian (India)
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
- Native Hawaiian
- Other Pacific Islander
- White
- More than One Race
- Prefer not to disclose
- Other: _____

Financial/Insurance Information

Do you have insurance coverage? Yes No **If Yes, please add the insurance information below.**

Primary Insurance Name: _____ Primary Ins ID/Group #: _____

Policy Holder Name: _____ Date of Birth: _____

Relationship to insurance carrier: _____

Secondary Insurance Name: _____ Primary Ins ID/Group #: _____

Policy Holder Name: _____ Date of Birth: _____

Relationship to insurance carrier: _____

What is your household income? \$ _____ Weekly Bi-weekly Monthly Annually
 No Income Prefer not to Disclose

How many people live in your household? _____ (including spouse, adults you are financially supporting, and/or children under 18)

Eligibility Services: Our Eligibility Services department can help determine your eligibility for insurance or our Sliding Fee Discount Program if you do not have insurance. If you would like more information, please ask one of our staff members.



Patient Demographic Form

(Please complete about the patient that is being seen)

Are you currently experiencing homelessness?

Yes No

If Yes, check all that apply:

- Live in a shelter
- Live in Transitional Housing
- Doubling Up (live with family/friends)
- Live on the street
- Live in Permanent Supportive Housing
- Other: _____

Do you have any disabilities or limitations we should be aware of to better assist you? Yes No

If Yes:

- Hearing
- Vision
- Mobility
- Other: _____

Voluntary and Involuntary Decision Making:

Do you have a living will? Yes No

Is anyone else (voluntary or involuntary) authorized to make medical decisions for you? Yes No

If Yes:

- Conservator
- Adult Guardianship
- Child Guardianship
- Power of Attorney
- Healthcare Representative
- Medical Advance Directive
- Psychiatric Advance Directive
- Other: _____

Verbal Sharing of Confidential Protected Health Information (PHI) with Others:

The purpose of this section is to grant permission for Charter Oak staff to verbally share information with the individuals involved in my (or my child's) care. Any requests for a release for written information, such as all information contained in my (or my child's) medical record, will require me to complete and sign a "Authorization to Release Health Information" form.

I understand that I may revoke this permission at any time. If I want to revoke this permission, I can request to complete and sign a new form to restrict future communications to the below individuals.

Charter Oak may verbally share patient information regarding my (or my child's) current treatment or care with the following individuals:

Name	Relationship	Phone Number

Patient Signature (*Parent/Legal Guardian*)

Date

Print Name

Relationship to Patient

Thank you for choosing Charter Oak Health Center!