

Patient Information

First Name: _____	Last Name: _____	Date of Birth: ____/____/_____
Home Address: _____	City: _____	State: _____ Zip: _____
Email: _____	Phone: (_____) _____	Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact: _____	Relationship to Patient: _____	Phone: (_____) _____
Race: (you can select more than one)		
<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander		
Ethnicity: (please select one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		

Family Size and Household Income (For reporting purposes only)

How many people are in your household? _____ How much money does your entire family make? \$_____ week 2wks month year

Gender Identity (So we can better serve you)

Male Female Transgender Male
 Transgender Female Other Choose not to disclose

Sex Assigned at Birth: (please select one) Male Female

Sexual Orientation (So we can better serve you)

Straight (Not lesbian/gay) Lesbian or Gay
 Bisexual Something else Don't know
 Choose not to disclose

Housing Status* (Please select Yes or No for each question)

Doubling Up

Are you living with others as "doubled up", staying with a friend, or extended family member and not paying rent? Yes No

Homeless Shelter

Are you staying in a shelter that provides meals and place to sleep and is temporary (examples: Salvation Army, Lewis Center, Jerome Golden Center, Lord's Place, etc.)? Yes No

Street

Are you living outdoors, in a car, in an encampment, in makeshift housing/shelter, etc.? Yes No

Transitional

Are you living in a small unit for 6-12 months, with a few other people after leaving a homeless shelter and you may pay rent. Does not include transitioning from jail, military, etc.? Yes No

Permanent supportive housing

Do you live in a home that offers you support that helps you live on your own? Yes No

Other

Are you living in a single-room occupancy hotel, motel, other day to day paid housing or living in permanent housing at the present time but you declared being homeless on the previous visit to this clinic? Yes No

Unknown (No known housing arrangement)

U.S. Veteran Status

Yes No

 Patient/Guardian Signature:

Patient/Guardian Printed Name: _____

Date: _____

Office Use Only