SHENANDOAH COMMUNITY HEALTH

PATIENT INFORMATION

LAST NAME | FIRST NAME | MIDDLE NAME / INITIAL | PREVIOUS NAME / NICKNAMES(S)

SOCIAL SECURITY # | BIRTHDATE (MM/DD/YYYY) | EMAIL ADDRESS

*While Shenandoah Community Health recognizes a number of gender sexes, many insurance companies and legal entities unfortunately do not. Please be aware that your legal name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different, please let us know.

BIRTH SEX (Circle One)
Male Female
Undifferentiated Unknown

CURRENT GENDER (Circle One)
Male Female
Undifferentiated

PREFERRED PRONOUN (Circle One)
He, Him, His She, Her, Hers They, Them, Theirs Other
Ze, Hir (Gender Free) Asked but unknown Decline to Answer

GENDER IDENTITY
☐ Male ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
☐ Female ☐ Female-to-Male (FTM)/Transgender Male/Trans Man
☐ Genderqueer, neither exclusively male nor female ☐Choose not to disclose
☐ Additional gender category or other, please specify _____

SEXUAL ORIENTATION
☐ Choose not to disclose ☐ Don't Know
☐ Straight or heterosexual ☐ Bisexual
☐ Lesbian, gay, homosexual
☐ Something else, please describe _____

ADDRESS | CITY, STATE, ZIP | PHONE NUMBER

BILLING ADDRESS (If Different Than Above) | CITY,STATE,ZIP | PREFERRED CONTACT METHOD

MARITAL STATUS (Circle One)
Single Married Widowed
Divorced Legally Separated

PRIMARY LANGUAGE (Circle One)
English Spanish American Sign Language Creole Haitian Creole
Other:_____

EMERGENCY CONTACT NAME | TELEPHONE | RELATIONSHIP

PREFERRED PHARMACY | PRIMARY CARE PROVIDER

RESPONSIBLE PARTY INFORMATION (If Different Than Patient)

NAME (Last, First, Middle) | SSN# | BIRTHDATE

ADDRESS | CITY, STATE, ZIP | TELEPHONE

RELATIONSHIP TO PATIENT

HOUSING STATUS
☐ Doubling Up ☐ Not Homeless
☐ Shelter ☐ Street
☐ Transitional

RACE
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ More Than One Race
☐ Native Hawaiian ☐ Other Pacific Islander ☐ White
☐ Other: _____

MIGRANT WORKER STATUS
☐ Migrant
☐ Not A Farmworker
☐ Seasonal

ETHNICITY
☐ Not Hispanic Or Latino ☐ Hispanic Or Latino ☐ Cuban ☐ Mexican ☐ Dominican
☐ Guatemalan ☐ Haitian ☐ Honduran ☐ Jamaican ☐ Venezuelan ☐ Puerto Rican
☐ Latin American ☐ Mexican American ☐ Other: _____

LANGAUGE BARRIER (Circle One)
YES NO

ARE YOU A MILITARY SERVICE VETERAN? (Circle One)
YES NO

Over

PLEASE SHOW ALL INSURANCE CARDS TO THE RECEPTIONIST

PRIMARY INSURANCE			
NAME OF INSURANCE COMPANY		MEMBER / SUBSCRIBER ID # GROUP #	
ADDRESS OF INSURANCE COMPANY		CITY, STATE, ZIP	
NAME OF INSURED (EMPLOYEE, IF THROUGH WORK)		RELATIONSHIP OF PATIENT TO INSURED	
INSURED DATE OF BIRTH	COPAY AMOUNT	EFFECTIVE DATE	EXPIRATION DATE

SECONDARY INSURANCE (If Applicable)			
NAME OF INSURANCE COMPANY		MEMBER / SUBSCRIBER ID # GROUP #	
ADDRESS OF INSURANCE COMPANY		CITY, STATE, ZIP	
NAME OF INSURED		RELATIONSHIP TO PATIENT	
INSURED DATE OF BIRTH	COPAY AMOUNT	EFFECTIVE DATE	EXPIRATION DATE

We are required by funding agencies to obtain the following information from our patients for statistical purposes. This will help us secure grants to support outreach and programs for patients with special needs. Your individual information remains private and confidential and is not shared with any agency or organization.

BASED UPON YOUR FAMILY SIZE AND ANNUAL FAMILY INCOME, WHICH *COLUMN* FROM THE CHART BELOW WOULD BEST FIT YOUR FINANCIAL SITUATION?

***Example: family size of 3 with annual family income of $25,000, circle column letter* B**

CIRCLE ONLY THE LETTER OF THE COLUMN : A B C D

FAMILY SIZE	ANNUAL FAMILY INCOME			
	A	B	C	D
1	$12,140 or less	$12,141 - $18,210	$18,211- $24,280	More than $24,281
2	$16,460 or less	$16,461 - $24,690	$24,691 - $32,920	More than $32,921
3	$20,780 or less	$20,781 - $31,170	$31,171 - $41,560	More than $41,561
4	$25,100 or less	$25,101 - $37,650	$37,651 - $50,200	More than $50,201
5	$29,420 or less	$29,421 - $44,130	$43,131 - $58,840	More than $58,841
6	$33,740 or less	$33,741 - $50,610	$50,611 - $67,480	More than $67,481
7	$38,060 or less	$38,061 - $57,090	$57,091 - $76,120	More than $76,121
8	$42,380 or less	$42,381 - $63,570	$63,571 - $84,760	More than $84,761

SIGN _____ **DATE** _____