**Please show your services card and/or medical insurance card to the receptionist**

*Por favor, muestre su tarjeta de servicios y/o tarjeta de seguro médico a la recepcionista*

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| Patient Information *Información del Paciente* | | | | | | | | | | | | | | | | | | | | |
| **Name *(Last, First, MI)***  *Nombre (Apelido,Propio)* | | | |  | | | | | | | | | | | | | | | | |
| **Other names you have been known by:**  *Otros nombres por los que haya sido conocido(a):* | | | | | | | | | | |  | | | | | | | | | |
| **Birthdate**  *Fecha de Nacimiento* | | |  | | | | | | | | | | | Social Security (optional)  *Seguo Socia (opcional)* | | | | | | |
| **Mailing Address (Street, Apartment, City, State, Zip Code)**  *Dirección* *Postal**(Calle, Apartamento Ciudad Estado Código postal)* | | | | | | | | | | | |  | | | | | | | | |
| **Phone**  *Teléfono* | |  | | | | | | | | | | | | **Other Phone**  *Otro Teléfono* | | |  | | | |
| **Email Address**  *Dirección de correo electrónico* | | | | | |  | | | | | | | | | | **Not Applicable**  *No aplica* | | | | |
| How may we contact you?  *¿Cómo podemos comunicarnos con Ud.?* | | | | | | Phone  *Teléfono*  Mail  *Correo* | | | | | | | Email  *Correo Electrónico*  Do not contact  *No contactarme* | | | | | | MyChart  Other:  *Otro:* | |
| **What is your household’s monthly gross income (income before taxes)?**  *¿Cuál es el ingreso bruto mensual de su hogar (ingreso antes de impuestos)?* | | | | | | | | | | | | | | | | | | | **$** | |
| **How many people are in your household (everyone in your tax household)?**  *¿Cuántas personas hay en su hogar (todos en su hogar fiscal)?* | | | | | | | | | | | | | | | | | | |  | |
| Emergency Contact Information *Información en caso de emergencia* | | | | | | | | | | | | | | | | | | | | |
| **Name**  *Nombre* |  | | | | | | | | **Relationship to Patient**  *Parentesco con el paciente* | | | | | | | | |  | | |
| **Phone**  *Teléfono* |  | | | | | | | | **Other Phone**  *Otro Teléfono* | | | | | | | | |  | | |
| **IF PATIENT IS A MINOR**  *Si el paciente es menor de edad* | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian’s Name**  *Nombre del Padre o tutor* | | | | |  | | | | | | | | | | **Birth Date**  *Fecha de nacimiento* | | | | | |
| Employment *Empleo* | | | | | | | | | | | | | | | | | | | | |
| Are you employed? *¿Tiene trabajo?* | | | | | **Yes**   **No** **Full Time Part Time**  *Sí Tiempo completo**Tiempo parcial* | | | | | | | | | | | | | | | |
| What is your occupation?*¿Cuál es su ocupación?* | | | | |  | | | | | | | | | | | | | | | |
| Assistance *Asistencia* | | | | | | | | | | | | | | | | | | | | |
| Are you visually or hearing impaired? *¿Tiene alguna discapacidad visual o auditiva?* | | | | | | | | Visually Impaired  Hearing Impaired  No*Discapacitados visuals Discapacidad auditiva* | | | | | | | | | | | | |
| **Do you need an interpreter?**  *¿Necesita un intérprete?* | | | | | | | Yes  No *Sí* | | | **Are you fluent in English?**  *¿Tiene un buen dominio del idioma inglés?* | | | | | | | | | | Yes  No *Sí* |
| **What is your preferred language?**  *¿Cuál es su idioma preferido?* | | | | | | | |  | | | | | | | | | | | | |

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| **Status**  *Estatus* | | | | | | | | | | | | | | | | |
| Are you a United States Veteran? *¿Es Ud. un veterano de los Estados Unidos?* | | **Yes  No**  Sí | | | | **Are you a US Citizen?**  *¿Es Ud. un ciudadano de los Estados Unidos?* | | | | | | | | | | **Yes  No**  Sí |
| **Housing Status**  *Estado de Vivienda* | | | | | | | | | | | | | | | | |
| **What is your current living situation? Please choose one answer.**  *¿Cuál es su situación de vivienda actual? Por favor escoja una respuesta.* | | | | | | | | | | | | | | | | |
| **At risk for homelessness**  *En riesgo de quedar sin hogar*  **Currently not homeless, but was in the last 12 months**  *Actualmente con hogar, pero estuve sin hogar en los últimos*  *12 meses*  **Living in shelter**  *Viviendo en un refugio* | | | | | | | | **Living with friends or family**  *Viviendo con familiares o amigos*  **Not homeless**  *Con hogar*  **Street/camp/bridge**  *Calle/Campamento/Puente*  **Transitional housing**  *Vivienda de transición* | | | | | | | | |
| How confident are you in filling out forms? *¿Cuánta seguridad siente al completar formularios?* | | | | Not at all  *Ninguna*  Quite a bit *Bastante* | | | | | | A little bit  *Muy poca*  Extremely  *Muchísima* | | | | | Somewhat  *Poca* | |
| **Identity**  *Identidad* | | | | | | | | | | | | | | | | |
| **What is your current gender identity?** *¿Cuál es su identidad de género actual?* | **Female**  **Male**  *Mujer Hombre*  Trans-Female to Male  *Transexualidad: femenino a*  *masculino* | | | | | | | | **Trans-Male to Female**  *Transexualidad: masculino a*  *femenino*  **Other:**  *Otro* | | | | | | | |
| **Do you think of yourself as:**  *¿Cómo se reconoce a sí mismo(a)?* | **Lesbian or Gay**  *Lesbiana o gay*  **Straight (not lesbian or gay)**  *Heterosexual (ni lesbiana ni gay)*  **Bisexual**  *Bisexual* | | | | | | | | | | **Something else**  *Otra*  **Don’t know**  *No lo sé*  **Other:**  *Otro* | | | | | |
| **How would you like us to address you?**  *¿Cómo le gustaría que nos dirijamos a usted?* | **She/Her/Hers**  *Ella/Ella/De ella*  **He/Him/His**  *Él/Él/De él* | | | | **They/Them/Theirs**  *Ellos/Ellos/De ellos*  **By Name**  *Por mi nombre* | | | | | | | | **Don’t know**  *Otro*  **Other:**  *Otro* | | | |
| **Ethnic Group (choose one)**  *Grupo étnico (elija uno)* | **Hispanic**  *Hispano* | | **Non-Hispanic**  *No Hispano* | | | | | | | | | **Unknown**  *Indefinido o desconocido* | | | | |
| **Race (choose one)**  *Raza (elija una)* | **Alaskan Native**  *Nativo de Alaska*  **Black**  *Negra* | | | | | | **American Indian**  *Indio Americano*  **Native Hawaiian**  *Nativo del Hawái* | | | | | | | **Asian**  *Asiática*  **Pacific Islander**  *Isleño del Pacífico*  **White**  *Blanca* | | |
| **Unknown**  *Indefinido o desconocido* | | | | | | | | | | | | |

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| Migrant/Seasonal*Trabajo agrícola* | |
| Has the principal source of income for you and your family ever been farm work? / *¿Ha sido la fuente principal de ingresos para Ud. y su familia el trabajo agrícola?* | Yes  No *Sí* |
| In the past 2 years, did you or any member of your family move here to do farm work? / *¿En los últimos 2 años ¿Ud. o alguien de su familia se mudó aquí para trabajar en campos agrícolas?* | Yes  No *Sí* |
| Do you or your family members do farm work on a seasonal basis? /*¿Trabaja Ud. o alguien de su familia en el campo agrícola por temporadas?* | Yes  No *Sí* |

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| Identification Number *Número de identificación* | | | | | | | | | | | | | | | |
| Medicare ID Number *Número de identificación de Medicare* | | | | | | |  | Medicaid ID Number *Número de identificación de Medicaid* | | | |  | | | |
| Guarantor Account (The person responsible for paying your bills) *Cuenta del asegurado (La persona responsable de pagar sus facturas)* | | | | | | | | | | | | | | | |
| **Name**  *Nombre* |  | | | | | | | **Relationship to Patient**  *Parentesco con el paciente* | | | | | | |  |
| **Address** *(Street, Apartment, City, State, Zip Code)*  ***Dirección*** *(Calle, Apartamento Ciudad Estado Código postal)* | | | | | | | | |  | | | | | | |
| Social Security  *Seguo Socia* | | | |  | | | | **Birth Date**  *Fecha de Nacimiento* | | |  | | | | |
| **Gender**  *Género* | | **Female  Male**  **Other:**  Mujer Hombre Otro | | | | | | | | | | | | | |
| **Phone**  *Teléfono* | | |  | | | | | **Other Phone**  *Otro Teléfono* | |  | | | | | |
| **Insurance Coverage**  *Cobertura de seguro* | | | | | | | | | | | | | | | |
| **Subscriber Name**  *Nombre de suscriptor* | | | | | |  | | **Relationship to Patient**  *Parentesco con el paciente* | | | | | |  | |
| **Group Number**  *Número de grupo* | | | | |  | | | **Suscriber ID**  *Número de id. de suscriptor* | | | | |  | | |