Registration Form
Columbia Health Services
School-based health centers

Patient Information

Patient Name	First	Middle	Last
Social Security # ______-______-_______	Gender:	Date of Birth (Month/Day/Year) ____/____/____	
Home Address	Street	City	State ZIP
Mailing Address	Street	City	State ZIP
Home Phone:		Cell Phone:	
Email Address:			
Primary Language:		Interpreter Needed? ☐ Yes ☐ No	
Homeless	☐ Yes ☐ No ☐ Currently not homeless, was in last 12 months ☐ Living with friends/family	☐ Living in shelter, shelter name: __________ ☐ Street/Camp/Bridge ☐ Transitional housing	
Living with: ☐ Mother ☐ Father ☐ Both Mother and Father ☐ Other ______________________________			
Race (check all that apply) ☐ Alaskan ☐ American Indian ☐ Asian ☐ Black ☐ Native Hawaiian ☐ Pacific Islander ☐ White ☐ Patient refuses to answer		Ethnic Group: ☐ Hispanic ☐ Non-Hispanic ☐ Not collected/unknown ☐ Refuse to answer	Veteran? ☐ Yes ☐ No ☐ Refuse to answer
Do you have a primary care provider? ☐ **Yes** ☐ **No If yes, please provide provider name:**			
Would you like this clinic to be your primary care provider? ☐ **Yes** ☐ **No**			

Parent/Guardian Information (Minors only)

Mother's Name	Phone #	Primary Language:	Interpreter Needed? ☐ Yes ☐ No
Father's Name	Phone #	Primary Language:	Interpreter Needed? ☐ Yes ☐ No
Employer	Name	Phone	Type of Work
Emergency Contact	Name	Phone	Relationship

Insurance Information of Person Responsible for Payment

Legal Name on Insurance Card of Person Responsible for Payment	Social Security # ______-______-_______	Date of Birth ____/____/____	Relationship to Patient
Insurance Type	☐ Medicaid: ID#__________________________ ☐ Medicare: ID# __________________________ ☐ Private Insurance	☐ No Insurance ☐ Work Injury	
Primary Insurance Carrier Name	Insurance ID#		Group #
Mailing Address (on card)	Street City	State ZIP	Effective from date:
Secondary Insurance Carrier Name	Insurance ID#		Group #
Mailing Address (on card)	Street City	State ZIP	Effective from date:
Please Identify the average monthly income for your household for the sliding scale	$	**# in household**	