WHITE MOUNTAIN COMMUNITY HEALTH CENTER
Whole Person. Whole Family. Whole Valley.

PATIENT REGISTRATION - ADULT

Please provide the information used on your insurance card or legal identification

We recognize that for some people, the name listed on your insurance or legal ID will not match the name you go by. Please be aware that the name listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your name does not match your ID, please let us know below.

LAST	FIRST	MI	DATE OF BIRTH

How would you like our staff to refer to you?

FIRST NAME	PRONOUNS

What services are you registering for?

☐ **Primary care** ☐ **Dental care** ☐ **Behavioral health** ☐ **Substance use disorder treatment**

Your answers to the following questions will allow us to reach you with important information

PHYSICAL ADDRESS	city	state	zip
MAILING ADDRESS ☐ Same as physical	city	state	zip
MOBILE PHONE ☐ None **Ok to send automated calls?** ☐ Yes ☐ No **Ok to send automated texts?** ☐ Yes ☐ No	**HOME PHONE** ☐ Same as mobile	**WORK PHONE** (if different)	
EMAIL ADDRESS *Required for patient portal registration. We also email patients occasional newsletters about goings on at the health center.*			
CONTACT PREFERENCE ☐ Mobile phone ☐ Home phone ☐ Work phone ☐ Mail ☐ Patient portal			

Who should we contact in an emergency?

EMERGENCY CONTACT NAME	RELATIONSHIP TO YOU
HOME PHONE	**MOBILE PHONE**

Demographic information

We use this information both for statistical reporting purposes and to ensure we are providing appropriate care for each person.

PREFERRED LANGUAGE

☐ English
☐ Español
☐ हिंदी
☐ українська мова
☐ Other: _____

ETHNICITY

☐ Hispanic/Latino/Latina
☐ Not Hispanic/Latino/Latina
☐ Prefer not to answer

RACE

☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Other Pacific Islander
☐ Guiamanian or Chamorro
☐ Samoan
☐ Black or African American
☐ American Indian or Alaskan Native
☐ White
☐ Black or African American
☐ White
☐ More than one race
☐ Prefer not to answer

SEXUAL ORIENTATION

☐ Lesbian or gay
☐ Heterosexual (straight)
☐ Bisexual
☐ Other
☐ Don't know
☐ Prefer not to answer

GENDER IDENTITY

☐ Female (cisgender)
☐ Male (cisgender)
☐ Female (transgender)
☐ Male (transgender)
☐ Nonbinary, genderqueer, or not exclusively male or female
☐ Other: _____
☐ Prefer not to answer

SEX ASSIGNED AT BIRTH

☐ Female
☐ Male
☐ Other
☐ Prefer not to answer

SEX ON HEALTH INSURANCE REGISTRATION OR LEGAL ID

☐ F ☐ M

ARE YOU…

Homeless ☐ Yes ☐ No

A migrant or seasonal agricultural worker ☐ Yes ☐ No

A veteran ☐ Yes ☐ No

EMPLOYMENT

Current or most recent occupation:

_____

INCOME LEVEL

Household income $_____

☐ Weekly ☐ Monthly ☐ Annual

How many people does this income support (including you)? _____

How did you hear about us?

☐ Friend/relative
☐ Drove by/saw our sign
☐ Community event
☐ Online search
☐ Social media
☐ Newspaper ad
☐ Newspaper article
☐ Emergency department
☐ I'm a former patient
☐ Other: _____