WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

PATIENT REGISTRATION – MINOR OR ADULT WITH GUARDIAN

Please provide the information used with the patient's health insurance or legal identification

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

LAST	FIRST	MI	DATE OF BIRTH

How would the patient like our staff to refer to them?

FIRST NAME	PRONOUNS

What services are the patient registering for?

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

Please list contact information for this patient's legal parent(s) or guardian(s),

List the parent/guardian who should receive communications about this patient as parent/guardian 1

PARENT/GUARDIAN 1			
NAME			**RELATIONSHIP TO PATIENT** ☐ Parent ☐ Guardian
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			

EMERGENCY CONTACT ☐ Parent/guardian 1 ☐ Parent/guardian 2			
PARENT/GUARDIAN 2			
NAME			**RELATIONSHIP TO PATIENT** ☐ Parent ☐ Guardian
EMAIL ADDRESS *Required for patient portal registration. We also email patients occasional newsletters about goings on at the health center.*			
PHYSICAL ADDRESS ☐ Same as parent/guardian 1	city	state	zip
MAILING ADDRESS ☐ Same as parent/guardian 1	city	state	zip
MOBILE PHONE ☐ None	**HOME PHONE** ☐ Same as mobile	**WORK PHONE** (if different)	

Please share the patient's email address, if they have one, to allow for portal access for patients 12 years and older

PATIENT'S EMAIL ADDRESS

If there are protective court orders or court ordered parenting plans in effect regarding this child and you'd like the documents included in their patient records, please bring in a copy for us to scan.

If it's likely that someone else will bring this patient to appointments, please fill out the additional form to authorize that person to make medical consents on your behalf, or for patients 16+ to have unaccompanied appointments.

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

IS THE PATIENT…

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: _____