Patient Registration

Thank you for giving us the opportunity to serve you!
To help us meet your needs, please fill out the registration form completely.
All information is kept confidential. If you have any questions, we are happy to help!

*****IF THE PATIENT IS A MINOR OR HAS A GUARDIAN**, the parent/guardian must complete all registration paperwork.

PATIENT INFORMATION

Social Security # _____ *(used **only** for insurance verification and statistics)*

Patient's Last (Family) Name _____ Date of Birth __/__/____

Patient's First (Given) Name _____ Middle Initial _____

Patient's Alternate Name (preferred, maiden, etc.) _____

Patient's Address _____

City _____ State _____ Zip Code_____

Primary Phone # _____ Secondary Phone # _____

Patient's Email _____

Patient's Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Patient's Employment Status: (check one): ☐ Full-time ☐ Part-time ☐ Not Employed
☐ Self Employed ☐ Retired ☐ Military Duty

Patient's Student Status: (check one) ☐ Full Time ☐ Part Time ☐ Not a Student

Is the need for your visit the result of an accident at work or a car accident? ☐ Yes ☐ No

OTHER CONTACT INFORMATION

1. Who is Responsible for the Bill (Guarantor)? ☐ Patient, skip to question 2

If not the patient, then ☐ Parent/Legal Guardian ☐ Other

Guarantor Name (First, MI, Last) _____

Guarantor Street Address _____

Guarantor City, State, Zip _____

Guarantor Phone Number _____ ☐ Home ☐ Cell

Guarantor Gender: ☐ Male ☐ Female Guarantor Email Address_____

Should this contact be listed as the Patient's Emergency Contact?

☐ No ☐ Yes, relationship to patient: _____

2. Emergency Contact Information (if not already listed above)

Name (First, MI, Last) _____

Relationship to patient_____

Date of Birth _____ Phone Number _____ ☐ Home ☐ Cell

If additional contacts should be on file for this patient's account, please discuss with the support staff member.

FINANCIAL

For statistical purposes, please share your family's/household's monthly income. _____

For those patients who are uninsured or who have high deductible insurance plans, Open Door Health Center offers a Sliding Fee Application which may result in a discount for services for those who qualify.
Proof of household income is required for completion of the application.
Until proof of income is received, the patient/guarantor is responsible for full payment for services received.
To begin the application process, complete the below information:
What is your family's/household's size? _____

List household members:

NAME	DATE OF BIRTH	RELATIONSHIP	ODHC DEPARTMENTS FAMILY MEMBER SEEN IN

ADDITIONAL INFORMATION - For statistical and grant writing purposes, please complete the following:

Patient's Race (check **all** that apply) ☐ American Indian ☐ Asian ☐ Black ☐ Caucasian/White ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Choose not to answer

Patient's Ethnicity: ☐ Hispanic / Latino ☐ Not Hispanic/Latino ☐ Choose not to answer

Does the patient need an interpreter? ☐ Yes - Language? _____ ☐ No

Patient's Language Spoken At Home: ☐ Arabic ☐ ASL ☐ Chinese (Mandarin) ☐ English ☐ Karen ☐ Nuer ☐ Russian ☐ Somali ☐ Spanish ☐ Other _____

Is the patient a migrant farm worker: ☐ Yes ☐ No
Is the patient a seasonal farm worker: ☐ Yes ☐ No

Patient's housing status:
Do you live in public housing? ☐ Yes ☐ No (ie. Section 8, discounted rent)
Are you homeless? ☐ Yes ☐ No
If yes, please describe living situation: ☐Homeless Shelter ☐Transitional ☐Staying with Friends ☐Street ☐Other

Is the patient a veteran of the United States military? ☐ Yes ☐ No

Patient's country of birth? ☐ United States ☐ Mexico ☐ China ☐ Ethiopia ☐ Guatemala ☐Honduras ☐Lebanon ☐Russia ☐ Somalia ☐South Sudan ☐Honduras ☐ Vietnam ☐ Other _____

Where would you have gone for your healthcare needs if Open Door Health Center did not exist?
☐ Would Not Have Been Seen ☐ Area Clinic or Dental Clinic ☐ Emergency Room ☐ Urgent Care ☐ Other _____

Patient's Gender (choose one): ☐ Male ☐ Female ☐ Other ☐ Choose not to answer ☐ Transgender Male/Female-to-Male ☐ Transgender Female/Male-to-Female

Sexual Orientation (choose one): ☐ Straight (heterosexual) ☐ Lesbian or Gay ☐ Bisexual ☐ Something Else ☐ Don't Know ☐ Choose not to answer

Where did you learn about Open Door? ☐ Event/Expo/Fair/Parade ☐ Facebook ☐ Internet ☐ Newspaper ☐ Radio ☐ TV ☐ Referred by _____ ☐ Other _____

Best Way To Contact You? ☐ By Phone ☐ By Email ☐ By Phone & Email ☐ Do Not Contact

If the above information is not complete we assume you have chosen not to disclose.