family HEALTH CLINIC
North Central Nursing Clinics

Patient ID#

PATIENT INFORMATION

Referral Source: □ Hospital □ Yellow Pages □ Patient □ Advertising □ Outreach □ Friend □ Family Member
□ Community Event □ Other Agency □ Newspaper □ Social Media □ Other Clinic □ Other

Last Name:	First Name:	Middle Initial:	Date of Birth:
Mailing Address:	City:		State and Zip:
Email:	Cell Phone:[ ] Preferred Contact		Home Phone:[ ] Preferred Contact
If under 18, Name of Parent or Legal Guardian:	Date of Birth:		Relationship to Patient:

Household Size:	Household monthly income before taxes is less than:				
□ 1	□ $1,041	□ $1,561	□ $1,822	□ $2,082	□ Above $2,082
□ 2	□ $1,409	□ $2,114	□ $2,466	□ $2,818	□ Above $2,818
□ 3	□ $1,778	□ $2,666	□ $3,111	□ $3,555	□ Above $3,555
□ 4	□ $2,146	□ $3,219	□ $3,755	□ $4,292	□ Above $4,292
□ 5	□ $2,514	□ $3,771	□ $4,399	□ $5028	□ Above $5028
□ 6	□ $2,883	□ $4,324	□ $5045	□ $5,765	□ Above $5,765
□ 7	□ $3,251	□ $4,876	□ $5,689	□ $6,502	□ Above $6,502
□ 8	□ $3,619	□ $5,429	□ $6,333	□ $7,138	□ Above $7,138

How to fill out family size

1. Check the box in the "household size" column indicating the number of family members living in your home.

2. Then check the box in the same row that applies to your monthly income.

PATIENT DEMOGRAPHICS

Sex:
□ Female □ Male

Gender Identity (what you identify as):
□ Female □ Other
□ Male □ Choose not to disclose
□ Transgender Male
□ Transgender Female

Sexual Orientation (physical attraction):
□ Lesbian or Gay □ Straight
□ Bisexual □ Don't Know
□ Other □ Choose not to disclose

Veteran Status:
□ Veteran □ Non-Veteran

Patient Ethnicity:
□ Hispanic or Latino
□ Not Hispanic or Latino
□ Patient Declines
□ Other or Undetermined

Preferred Language:
□ English □ Spanish
□ Other

Marital Status: □ Single □ Married
□ Widow □ Seperated □ Divorced

Race: □ Asian □ Native Hawaiian □ Black
□ American Indian □ White □ Unreported
□ More than one race

Homelessness (if homeless):
□ Homeless Shelter □ Street
□ Doubling Up with friends and family
□ Transitional Housing □ Other

Name of Primary Insurance:
□ Tricare □ Medicare □ Medicaid
□ HIP □ Commercial
□ Patient is Uninsured □ Other

Who is primary insurance holder:
□ Patient is the insured card holder
□ Patient is a dependent of card holder

Name of Secondary Insurance:

Name of Card Member:

Date of Birth:

Group #:

Insurance ID #:

Discounts will be based on income and family size only. NCNC uses the Census Bureau definition of each.
Family is defined as a group of two people or more related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

Patient/Guardian Signature

Date

Registration Initial (Office use only)

Version 7