

Patient Information

First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____ Legal Sex: Male Female

Emergency Contact: _____ Relationship to Patient: _____ Phone: (____) _____

Race: *(you can select more than one)*

Black/African American White Asian Native Hawaiian American Indian/Alaskan Native Pacific Islander

Ethnicity: *(please select one)* Hispanic/Latino Non-Hispanic/Latino

Family Size and Household Income *(For reporting purposes only)*

How many people are in your household? _____ How much money does your entire family make? \$ _____ week 2wks month year

Gender Identity *(So we can better serve you)*

Male Female Transgender Male

Transgender Female Other Choose not to disclose

Sex Assigned at Birth: *(please select one)* Male Female

Sexual Orientation *(So we can better serve you)*

Straight (Not lesbian/gay) Lesbian or Gay

Bisexual Something else Don't know

Choose not to disclose

Agriculture *(So we can better serve you)*

Have you (or a member of your family with whom you reside) in the past two years worked in the farm fields, sugar cane, nurseries, packing houses, planting/picking, driving a truck for farm work, or worked with farm animals such as cattle, dairy, poultry, fish hatcheries, etc.?

Yes* No *(*if YES, it is Agricultural Worker)*

If you are an agricultural worker, have you (or a member of your family with whom you reside) moved to another area in the past two years and established a temporary home in order to work?

Yes* No *(*if YES, it is Migrant, if NO, it is Seasonal)*

Have you (or a member of your family with whom you reside) stopped working in the agricultural industry because of disability or being retired?

Yes* No *(*if YES, it is Agricultural Worker)*

U.S. Veteran Status

Yes No

Housing Status* *(Please select Yes or No for each question)*

Doubling Up

Are you living with others as "doubled up", staying with a friend, or extended family member and not paying rent? Yes No

Homeless Shelter

Are you staying in a shelter that provides meals and place to sleep and is temporary (examples: Salvation Army, Lewis Center, Jerome Golden Center, Lord's Place, etc.?) Yes No

Street

Are you living outdoors, in a car, in an encampment, in makeshift housing/shelter, etc.? Yes No

Transitional

Are you living in a small unit for 6-12 months, with a few other people after leaving a homeless shelter and you may pay rent. Does not include transitioning from jail, military, etc.? Yes No

Permanent supportive housing

Do you live in a home that offers you support that helps you live on your own? Yes No

Other

Are you living in a single-room occupancy hotel, motel, other day to day paid housing or living in permanent housing at the present time but you declared being homeless on the previous visit to this clinic? Yes No

Unknown (No known housing arrangement)

Patient/Guardian Signature:

Patient/Guardian Printed Name:

Date:

_____ / ____ / ____

Office Use Only

PATIENT ID _____ DATE* _____ Intake Form 02262019

*This intake is valid for one year. *Housing Status – If any boxes are Yes then mark Yes for Homeless status.