

Please complete both sides to the best of your knowledge. For areas that do not apply to the patient please enter "N/A"

Patient Information			
Patient's Name		Date of Birth <input type="checkbox"/> Under 18?	
_____	_____	Social Security Number	
First	MI	Last	/ /
Address		City	Zip
_____		_____	County
Email Address		Cell Phone	Alternate Phone
_____		_____	_____
OK to send secure Message? <input type="checkbox"/> Yes <input type="checkbox"/> No		OK to Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OK to send a text message? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Info			

Full Name		Relationship	Phone

Parent/Guardian Info			

Full Name		Address <input type="checkbox"/> Same as patient	Phone

Medical Insurance Information			
Primary Insurance:	Insured Name/Policy Owner Name	Insured Date of Birth	Relationship to Patient
ID Number	_____	_____	_____
Secondary Insurance:	Insured Name/Policy Owner Name	Insured Date of Birth	Relationship to Patient
ID Number	_____	_____	_____

Please List Your Pharmacy Information
Pharmacy Name: _____
Pharmacy Address: _____
Pharmacy Telephone Number: _____

Please complete all the information as this is required for grant purposes

<p><u>Race (check all that apply)</u></p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Other Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> More than one race</p> <p><input type="checkbox"/> Decline to Answer</p> <p><u>Ethnicity</u></p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non-Hispanic/Latino</p> <p><input type="checkbox"/> Decline to Answer</p>	<p><u>Preferred Language</u></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Swahili</p> <p><input type="checkbox"/> Other _____</p> <p><u>Are interpreter services needed?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Gender</u></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Transgender Male (Female to male)</p> <p><input type="checkbox"/> Transgender Female (Male to Female)</p> <p><input type="checkbox"/> Decline to Answer</p> <p><u>Sexual Orientation</u></p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> LGBTQ+</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Decline to Answer</p>
--	---	---

Are you Homeless?

Yes No Decline to answer

If YES check one: Doubling up Shelter Transitional Housing Street Other: _____

If NO check one: Rent Own Dormitory Lives with Parent/Guardian Public Housing Other: _____

Are you an Agricultural Worker?

Yes No Decline to answer

If YES check one: Farmer Migrant Seasonal

Are you a Veteran?

Yes No Decline to answer

Active Duty Military?

Yes No Decline to answer

Military Branch: _____

Yearly Household Income

Income: under 20,000 20,000-40,000 40,000-60,000 60,000-80,000 80,000 and above

Family Size (including self): 1 2 3 4 5 6+

How did you hear about us? Family/Friend Church Shelter Raleigh Rescue Mission Pregnancy Center

Social Service Agency Health Department Wake Med UNC Rex Duke Raleigh Online/Website Media/News

Other _____