Patient Data Form

This information is used to improve health outcomes and health center performance. If you need help with this form, please let us know. When you are finished, please give it back to the check-in staff.

Last Name:	**First Name:**	**Middle Name:**	**Date of Birth:**
Preferred Name:		**Email Address:**	

Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other (please specify): _____ ☐ Choose not to answer

1) What is your race (Please select/specify most accurate)?

☐ **African American or Black:** ☐ African American ☐ African ☐ Black ☐ Dominican ☐ Jamaican ☐ Haitian ☐ Somali ☐ Specify: _____	☐ **White/European** ☐White ☐ French ☐ German ☐ Italian ☐ Russian ☐ Ukrainian ☐ Specify: _____	☐ **Native Hawaiian or Pacific Islander** ☐ Chamorro ☐ Guamanian ☐ Native Hawaiian ☐ Samoan ☐ Specify: _____ ☐ **Middle Eastern or North African** ☐ Specify: _____	☐ **Asian** ☐ Chinese ☐ Vietnamese ☐ Asian Indian ☐ Nepali ☐ Specify: _____ ☐ **American Indian or Indigenous peoples** ☐ Specify: _____

2) What is your ethnicity? (Check all that apply) ☐ Not Hispanic
☐ Hispanic: ☐ Mexican, Mexican American, or Chicano ☐ Cuban ☐ Puerto Rican ☐ Hispanic, Spanish origin combined ☐ Other (please specify) _____

3) What is your primary language (Spoken/Written)?
☐ English ☐ Spanish ☐ Arabic ☐ ASL ☐ Burmese ☐ Cantonese ☐ Chin ☐ Chinese ☐ Farsi ☐ French ☐ Hausa ☐ Hindu ☐ Italian ☐ Karen ☐ Kinyarwanda ☐ Kinyamulenge ☐ Kirundi ☐ Kiswahili ☐ Maay-Maay ☐ Mandarin ☐ Russian ☐ Somali ☐ Tigrinya ☐ Turkish ☐ Ukranian ☐ Vietnamese ☐ Other (please specify):_____

4) Do you need an interpreter?	☐ Yes ☐ No
5) Veteran Status- Currently serving or have served in the military?	☐ Yes ☐ No ☐ Choose not to answer ☐ Does not apply
6) Are you a migrant worker or a dependent of a migrant worker?	☐ Yes ☐ No ☐ Choose not to answer
7) Are you a seasonal worker or dependent on a seasonal worker?	☐ Yes ☐ No ☐ Choose not to answer
8) Public Housing (*includes agency-developed, owned, or assisted low-income housing, mixed-finance projects and section 8 housing vouchers*)**:**	☐ Yes ☐ No ☐ Choose not to answer
9) Are you homeless?	☐ Yes ☐ No ☐ Choose not to answer
10) If homeless, what are your living arrangements?	☐ Doubling up (living with others) ☐Transitional ☐ Shelter ☐ Streets ☐Other: _____
11) Sexual Orientation (Do you think of yourself as):	☐ Straight/Heterosexual ☐ Lesbian, Gay or Homosexual ☐ Bisexual ☐ Something Else (e.g., Queer, Pansexual, Asexual) ☐ Don't Know ☐ Choose not to answer
12) Gender Identity (Do you think of yourself as):	☐ Female ☐ Male ☐ Non-Binary ☐ Transgender Female/ Trans Woman/ Male-to-female ☐ Transgender Male/Trans Man/Female-to-Man ☐ Other ☐ Choose not to answer
13) The number of people in Household	#

14) What is your Annual Income? Please check one
☐ $0 - $15,650 ☐ $15,651-$21,150 ☐ $21,151-$26,650 ☐ $26,651-$32,150 ☐$ 32,151-$37,650
☐ $37,651 -$43,150 ☐ $43,151-$48,650 ☐ $48,651-$54,150 ☐ $54,151 or greater