

Patient Registration Form (UDS)

This information is required on a yearly basis by New York State to:

Improve health center performance and operations, and report overall program accomplishments.

The law prohibits Jordan Health from sharing your information. If you have any questions about this form please ask the receptionist.

Please answer all questions

Patient Name: _____ D.O.B.: _____ Account #: _____

Receptionist Name: _____ Date: _____

Please identify your race (you can check more than one):

- ☐ White ☐ Black/African American ☐ Asian ☐ Pacific Islander Specify _____
☐ Native Hawaiian ☐ American Indian/Alaska Native ☐ Choose not to disclose ☐ Other _____

Are you of Latino or Hispanic Descent? ☐ Yes ☐ No ☐ Choose not to disclose

Your Primary Language:

- | | | | | |
|------------------------------------|----------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Karen | <input type="checkbox"/> Maay-Maay | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Farsi | <input type="checkbox"/> Kinyamulenge | <input type="checkbox"/> Russian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> Kinyarwanda | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Ukranian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hausa | <input type="checkbox"/> Kirundi | <input type="checkbox"/> Somali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hindu | <input type="checkbox"/> Kiswahili | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

Veteran Status - Currently serving or have served in the military? ☐ Yes ☐ No

Are You a Migrant Worker or a dependent of a Migrant worker? ☐ Yes ☐ No

Are you a Seasonal Worker or a dependent of a Seasonal Worker? ☐ Yes ☐ No

Sexual Orientation: ☐ Gay ☐ Straight ☐ Bi-Sexual ☐ Unknown ☐ Choose not to disclose

Gender Identity:

- ☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Gender diverse not elsewhere classified
☐ Choose not to disclose

Public Housing (includes agency-developed, owned, or assisted low income housing, including mixed finance projects and section 8 housing vouchers): ☐ Yes ☐ No

(If Homeless) Living Arrangements:

- ☐ Doubling Up (living with others) ☐ Transitional ☐ Shelter ☐ Streets ☐ other

The number of people in Household: _____

What is your Annual Income? Please check one:

- ☐ \$0 - \$11,880 ☐ \$11,881-\$16,020 ☐ \$16,021-\$20,160 ☐ \$20,161-\$24,300
☐ \$24,301-\$28,440 ☐ \$28,441-\$32,580 ☐ \$32,581-\$36,730 ☐ \$36,731 or greater

Do you need an interpreter? ☐ Yes ☐ No

Referred By:

- ☐ Friend/Relative ☐ Provider referral ☐ Media (Radio/TV/Social Media) ☐ Community Event (festival/health fair booth)
☐ Internet (Google) ☐ Other

Community Place Patient Only:

Highest grade completed: _____ **Do you have Health Insurance?:** _____

Do you receive health care elsewhere? _____