Community Health Center of the North Country

Patient Registration
Federally Qualified Health Center Survey

Demographic Information

Legal Name:

Previous Name:

Date:

Home Address:

City:

State:

Zip:

Social Security Number:

Date of Birth:

Home Phone:	Cell Phone:	Work Phone:	Best Number to Use:
(_____) _____-________	(_____) _____-________	(_____) _____-________	☐ Home ☐ Cell ☐ Work
Ok to leave voicemail? ☐ Yes ☐ No	Ok to leave voicemail/text? ☐ Yes ☐ No	Ok to leave voicemail? ☐ Yes ☐ No	

Email Address:

What was your sex at birth? ☐ Male ☐ Female

Do you currently have insurance? ☐ Yes ☐ No

If yes, what insurance?

It is the policy of the CHCNC to offer a sliding fee schedule for all patients who are at or below 200% of the poverty level.

Do you wish to speak with someone regarding our sliding fee schedule? ☐ Yes ☐ No

Emergency Contact Information

Emergency Contact Name:

Emergency Contact Phone Number: (_____) ______-_________

Relation to you:

If you are under 18, the Department of Public Health requires that you provide parent/guardian contact information.

Parent/Guardian Name:____________________________ DOB:__________ Relation:________ Phone Number: (____) _____-_______

Employment/Education Information

Company Name:

Are you covered by your employer's insurance? ☐ Yes ☐ No

College/University Name:

Are you covered by your school's insurance? ☐ Yes ☐ No

We are a Federally Qualified Health Center and are required to collect this data. The following information is for demographic purposes only and will not affect your care.

1. Marital Status
- ☐ Married
- ☐ Partnered
- ☐ Single
- ☐ Divorced
- ☐ Legally Separated
- ☐ Widowed

2. Employment Status
- ☐ Employed Full-Time
- ☐ Employed Part-Time
- ☐ Student Full-Time
- ☐ Student Part-Time
- ☐ Unemployed
- ☐ Other____________

3. What is your household Income? _______________
- ☐ Weekly ☐ Bi-Weekly
- ☐ Annually ☐ Monthly
- ☐ Choose not to report

How many people (including you) does your income support? _____

4. Racial Group(s)
- ☐ Native American/Alaskan
- ☐ Asian
- ☐ Other Pacific Islander
- ☐ Native Hawaiian
- ☐ African American/Black
- ☐ Caucasian/White
- ☐ Choose not to report

5. Ethnicity
- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino
- ☐ Choose not to report

6. Preferred Language
- ☐ English
- ☐ Español
- ☐ Français
- ☐ Other ______________

Do you need an interpreter? ☐ Yes ☐ No

7. Veteran Status
- ☐ Veteran
- ☐ Not a Veteran

8. Are you a seasonal worker?
- ☐ Yes
- ☐ No

9. Are you a migrant worker?
- ☐ Yes
- ☐ No

10. Are you homeless?
- ☐ Yes
- ☐ No

11. Do you consider yourself:
- ☐ Straight
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Something Else
- ☐ I don't know
- ☐ Choose not to report

12. What is your gender?
- ☐ Male
- ☐ Female
- ☐ Transgender Male (Female-to-Male)
- ☐ Transgender Female (Male-to-Female)
- ☐ Other
- ☐ Choose not to report

Staff Reviewed ______________________________

Staff Comments ______________________________

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Date ____